Medical Economics

RITSHED EVERY OTHER MONDAY . ISSUE OF AUGUST IR 1958

Special Situations:

A
POSSIBLE
PATH
TO
CAPITAL
GAINS

Medical Litra

THE CITY

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THAT WILL
Stop
SHORT OF
DROWSINESS

Quiacting for quieting

QUIACTIN—in the recommended dose—one 400 mg. tablet q.i.d., provides greater tranquility with less drowsiness and more prolonged activity. QUIACTIN is remarkably nontoxic, noncumulative and has no withdrawal symptoms. 1-3

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Proctor, R. C.: Dis. Nerv. Sys. 18:223 1957.
 Feuss, C. D., and Gragg,
 L., Jr.: Dis. Nerv. Sys. 18:29, 1957.
 Coats, E. A., and Gray, R. W.: Dis. Nerv. Sys. 18:191, 1957.
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Medical Economics

NEWS BRIEFS

IF M.D.S WERE TO GET SOCIAL SECURITY by 1962, they'd probably be taxed \$216 a year for it at first; \$324 by 1969. That's the rate for the self-employed in the House-passed Social Security bill, which also ups benefits by 7%.

"UNUSUAL" DEDUCTIONS on next year's tax returns may be spotted electronically. Internal Revenue Service is developing a machine that can do it.

BEIRUT'S AMERICAN UNIVERSITY HOSPITAL is "continuing to run as usual," reports Dr. Leland E. Powers, who recently returned from Lebanon. The only disturbances outside it so far: a machine-gun burst "that hit no one," and a bomb "that was just a noisemaker."

THE D.O.S EDGED CLOSER to medical orthodoxy at the recent A.O.A. convention. They deleted mention of both Dr. Andrew T. Still and his osteopathic principles from their constitution.

NEWS BRIEFS

FEDERAL AUTHORITIES CAN'T REGULATE false health insurance advertising in states that have their own laws on the subject, the Supreme Court has ruled. The ruling may stall the Federal Trade Commission's 4-year drive to halt such ads.

VETERANS WITH ADEQUATE HEALTH INSURANCE would have to get non-service-connected ills treated outside V.A. hospitals. That's the effect of a bill approved by the House Veterans Committee. The bill would give first priority in V.A. hospitalization to veterans without such coverage.

YOU'LL GET A FASTER TAX WRITE-OFF on medical equipment you buy, if-as expected-the Houseapproved Small Business Tax Relief Bill becomes law. Under this bill, before taking the usual depreciation allowance you can deduct 20% of the equipment's cost. (Maximum such deduction: \$2,000.) On top of that you can take the usual first-year allowance on the remaining 80%.

A DOCTOR CAN'T BE SUED in New York by a person to whom he gives a blood test for drunkenness at the request of the police. Under a new law, such a person may sue only the authorities who ordered the test. But if he wins damages due to "gross negligence" by the doctor, the state may then sue the doctor for reimbursement.

PHONY CANCER CURES: Americans waste some \$10 million on them yearly. That's the Federal Food and Drug Administration's latest estimate.

WE'LL STOP SPONSORING CONNECTICUT BLUE SHIELD if we can't appoint different doctors to its board. So say Connecticut's M.D.s. They want to oust the board's present doctor-members for allegedly "ramming through" a controversial new contract. But a bylaw the board wrote gives its M.D.-members lifetime tenure. So the state society has voted to withdraw sponsorship of the plan on Sept. 1 unless this law is rescinded.

STOCK TRENDS ARE DECEIVING: "Average" prices more than doubled from 1946 through 1957. Yet more than half the issues sold continuously over that period closed out '57 below '46 peaks.

THE EVER-SMOLDERING BIRTH CONTROL ISSUE has flared again in New York City medical and religious circles. It erupted when Hospital Commissioner Morris Jacobs recently forbade a doctor to fit a diaphragm for a diabetic pa--tient in a city-run hospital. Protestant and Jewish groups are decrying his order, demanding probes; Catholic factions applaud it. But observers predict no other city official will take a stand until after November's elections.

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NEWS BRIEFS

DON'T SEND DOCTORS CHRISTMAS GIFTS: Contribute to the American Medical Education Foundation instead. That's what the Arizona Medical Association may ask all druggists, medical supply houses, and morticians to do this year.

CITY FAMILIES OF 4 CAN JUST GET BY, says the latest report, on the following yearly earnings: Philadelphia—\$4,500; New York—\$4,550; Cleveland—\$4,600; Detroit—\$4,700; Boston—\$4,800; Los Angeles—\$4,900. Total medical bill these estimates allow: \$5 per family per week.

PAID-UP-AT-65 BLUE PLANS WON'T WORK: That's the answer most experts make to a recent article in this magazine urging such coverage as a deterrent to the Forand bill. Dr Henry J. Babers, Florida Blue Shield adviser, has a typical comment: "Guaranteeing service benefits so far in advance would jeopardize every Blue plan by undermining its financial structure."

LAWYERS AREN'T THE ONLY ONES who charge a lot for time in court, according to Plaintiff's Attorney Melvin Belli. A doctor recently "charged \$500 to come [50 miles]...to testify for half an hour, [plus] \$500 for a companion case and \$50 for expenses," he says. "This was over \$1,000 for 2½ hours, 2 of which were driving time."

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- postoperatively
- · in pregnancy when vomiting is persistent
- following neurosurgical diagnostic procedures
- in infections, intra-abdominal disease, and carcinomatosis
- after nitrogen mustard therapy

for nausea and vomiting

ESPR

Squibb Triflupromazine

- · provides prompt, potent, and long-lasting control
- · capable of depressing the gag reflex
- · effective in cases refractory to other potent antiemetic agents
- · may be given intravenously, intramuscularly and orally
- · no pain or irritation on injection

ANTIEMETIC DOSAGE :

Intravenous: 8 mg. average single dose

Dosage range 2-10 mg.

Intramuscular: 15 mg. average single dose Dosage range 5-15 mg.

If subsequent parenteral dose is needed,

one-half the original dose will usually suffice Oral: 10-20 mg, initially; then 10 mg, t.i.d.

SUPPLY:

Parenteral solution - 1 ec. ampuls (20 mg./cc.) Oral tablets - 10 mg., 25 mg., 50 mg., in

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Medical Economics

NDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, AUG. 18, 1958

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One pediatrician does it without alienating people. His secret: a tactful announcement combined with a fee schedule

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symptoms relieved

infection controlled

With even the most rapid antibacterial action, pain of urinary tract infection usually persists until healing begins. So - Azo Gantrisin adds symptomatic relief to potent antibacterial action: its azo component offers swift suppression of both pain and discomfort during this interim phase.

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AGAN-ST

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Doctor-Farmer Upsets Uncle Sam
Whenever the Government tries to tell him what he can and can't do with his wheat, this doctor battles back. Fighting

Federal controls is "a matter of principle" with him

6

MORE >

When

tension, anxiety

accompany a clinical picture of overweight

DEXAMYL* will help in two ways. 'Dexamyl' (1) curbs appetite, and (2) provides both mood improvement and relief from tension and anxiety. A combination of Dexedrine* (dextro-amphetamine sulfate, S.K.F.) and amobarbital, 'Dexamyl' is available as tablets, elixir and Spansule* sustained release capsules.

Smith Kline & French Laboratories, Philadelphia



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Don't Get Hooked by These Petty Racketeers!...145

Doctors are still the most appetizing dish for stock swindlers, phony collection agents, senders of unordered goods, and such. Here's how to avoid swallowing their bait

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Phospho-Soda (Fleet) is recognized as an effective laxative in the treatment of long term constipation or occasional costive distress . . . and as an intestinal cleansing agent prior to examination or surgery. Each 100 cc. contains 48 Gm. Sodium Biphosphate and 16 Gm. Sodium Phosphate.



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Fostex degreeses the skin and helps remove blackheads



Fostex contains a combination of surface active agents (Sebulytic*) which:

◆ Completely emulsify excess oil so that it is quickly washed off the skin.



 Penetrate and soften comedones. unblocking the pores and facilitating removal of sebum plugs.



Fostex dries and peels the skin

◆ The Sebulytic base of Fostex dries and promotes peeling of the skin . . . actions enhanced by the keratolytic effects of micropulverized sulfur and salicylic acid.

*(Sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate, sodium dioctyl sulfosuccinate.)

FOSTEX CREAM for therapeutic washing of skin in the initial phase of acne treatment,

when maximum degreasing and peeling are desired.

FOSTEX CAKE

for maintenance therapy to keep skin dry and substantially free of comedones.

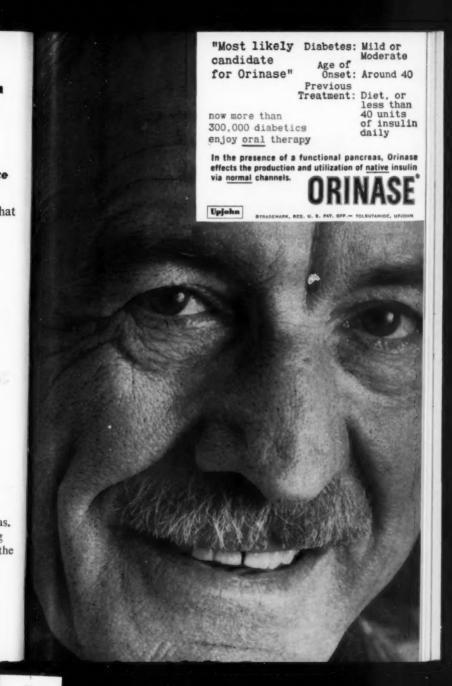
Fostex is easy for your patients to use

◆ Patients stop using soap on affected skin areas. Instead they use Fostex for therapeutic washing of the skin. The Fostex lather is massaged into the skin for 5 minutes-then rinse and dry.

Write for samples

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Documentary Case History . . .

Hypertension controlled for four years with **Serpasi**



K. C., a 67-year-old retired shirt manufacturer, had a 16-year history of hypertension, was troubled by recurrent dizzy spells and headaches. "I'd get several attacks a day. . . . Usually I'd go into the bedroom and lie down." Serpasil therapy was started four years ago, effecting a gradual reduction of the patient's initial blood pressure of 220/120 mm. to the present 140/80. Now well and asymptomatic, ". . . I'm able to go to matinees and see some of the TV shows."

SUPPLIED: Tablets, 4 mg. (scored), 2 mg. (scored), 1 mg. (scored), 0.25 mg. (scored) and 0.1 mg. Elixirs, 1 mg. and 0.2 mg. Serpasil per 4-ml. teaspoon. Parenteral Solution: Ampuls, 2 ml., 2.5 mg. Serpasil per ml. Multiple-dose Vials, 10 ml., 2.5 mg. Serpasil per ml.



Hypertension controlled through SYMPATHETIC REGULATION

Serpasil shields the psychic and somatic reaction centers from emotional and environmental stress stimuli, thereby inhibiting the discharge of vasoconstrictive impulses through the sympathetic nerves.

ENVERONMENTAL ENGINEENE STRUCKS
STRUCK

Adapted from Moyer, J. H., Dennis, E., and Ford, R.: Arch. Int. Med. 96:530 (Oct.) 1955.

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Letters

Lawyers Make the Law

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Sirs: It's comforting to read in your pages that R. Crawford Morris and other important legal authorities at least recognize that perversion of the law occurs in many malpractice suits.

Mr. Morris blames the human frailty of jurors and doctors. Naturally. All lawyers feel that if anything's wrong with the way the law works, it's the fault of other people.

Actually, it's the fault of the lawyers themselves.

Legislators are lawyers, or are advised by lawyers.

Plaintiffs, too, are advised by lawyers.

Jurors are guided in their decisions by lawyers.

And the law is interpreted by lawyers.

Today it's the lawyer's prerogative to scheme with the malpractice plaintiff to get the biggest possible award. Let's hope that some day the legal profession will recognize its larger responsibility to all the people and accept malpractice suits on their merit, not on their contestability.

> George O. Chase, M.D. Portland, Me.

Judging D.O.s

Hurray! It was great to see your report of Dr. Charles U. Letourneau's statement that D.O.s are better trained than foreign M.D.s. All that the D.O.s have ever asked is to be evaluated fairly and objectively. This was pretty well done by the A.M.A.'s Cline Committee. They inspected our colleges, hospitals, etc., and submitted a favorable report in 1955-a report that Dr. Letourneau has probably read.

William A. Weathers, D.O. Lipan, Texas

Sirs: ... I'm personally grateful for Dr. Letourneau's understanding. But isn't it presumptuous for the M.D.s to judge us? We keep the standards of our schools as high as those of any medical school.

However, Dr. Letourneau does rekindle hope that some day the

LETTERS

medical and osteopathic societies will lay down their cudgels and sign the much-needed peace treaty that will mean better health services for all.

Ben C. Scharf, p.o. President, Long Island Osteopathic Society Seaford, N.Y.

Give Her Air!

I'm a doctor's secretary. Your magazine passes through my hands before going on to the doctor. I think it a very fine magazine. But I've been irritated by one thing in it so many times that I now feel I must speak out.

Why must your articles that suggest plans for doctors' offices always have the poor secretary cooped up in a room the size of a bread box? The aide's office as you picture it makes the Black Hole of Calcutta seem like the Taj Mahal. Granted, the doctor is necessary and rates lovely, spacious surroundings. But does he have to have all the room?

We breathe too, you know.

Mary Dixon San Francisco, Calif.

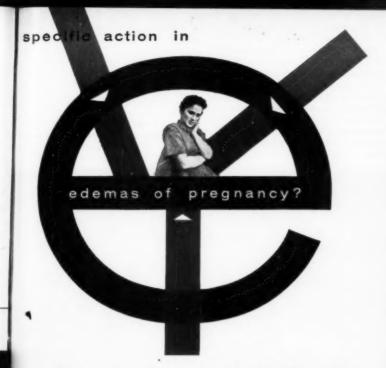
Some Subluxation!

Sirs: Are chiropractors being better trained than formerly in medicine and surgery, or are they merely becoming bolder? I refer to some who handle diagnostic

Placidy1 nudges your patient to sleep



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e etiology of abnormal water reten-n during pregnancy is still unknown; ever, the widespread interest insuccessful treatment of—premen-ual tension in recent years has resulted serious consideration by a number of stigators of a possible common deminator between the two conditions. he study of both diseases revealed a iking similarity of symptoms and signs esting a common etiology."L. 3

There now is an impressive report in m. J. Obst. & Gynec. by James and hnson³ on the treatment of 180 matous pregnant patients with the tively new preparation-neo Bromth. Clinically, James and Johnson found Bromth "to be as superior to other capeutic measures in our edematous

pregnant patients as Bickers and Greenblatt found it to be in treating pre-menstrual tension."

Existing or developing edemas were controlled in 162 (90%) of the 180 patients. No other medication, or special diets, were necessary. These investigators concluded that "neo Bromth, although non-hormonal therapy, appears to possess a specific antidiuretic hormone antagonism which would account for its effectiveness in both premenstrual tension

and edemas of pregnancy."
neo Bromth is safe, non-hormonal therapy. Each 80 mg. tablet contains Pamabrom (2-amino-2-methyl-1-propanol 8-bromotheophyllinate) 50 mg. and pyrilamine maleate, 30 mg. Dosage, 2-3 tablets T.I.D. or Q.I.D., commencing at the first signs of undesirable

weight gain.

1. Brit. M.J. 1:1007, 1953.

2. Brit. M.J. No. 4896, 1071, 1954.

3. Am. J. Obst. & Gynec. 74:1054, Nov., 1957.

RAYTEN PHARMACEUTICAL COMPANY Challanooga 9, Tennessee



Donnagesic Extentabs

extended action tablets of Codeine with Donnatal®

... bottles of 30 and 2

Lights out, pain's out, all night long...
Donnagesic, the first 12-hour analgesic, gives pain-free nights to patients with postsurgical or gastrointestinal pain, or other sustained somatic and visceral discomfort. Donnagesic's subtly balanced combination of codeine and Donnatal gives more analgesia without more codeine... with fewer codeine side effects.

DONNAGESIC No. 1 (pink) CODEINE Phosphate (% a 48.6 mg. / Hyoscyamine Sulfate 0.3111 mg. / Atrop Sulfate 0.0582 mg. / Hyoscine Hydrobromide 0.01 mg. / Phenobarbital (% gr.) 48.6 mg. / also availa DONNAGESIC No. 2 (red) containing 1½ gr. (97.2 m codeine phosphate./Since one Donnagesic Extentab grootinuous analgesia for 10 to 12 hours, it replaces to equivalent dose of 3 codeine tabs and 3 Donnatal tabs, a the cost is practically the same./A. H. ROBINS CO., it Richmond, Va./Ethical Pharmaceuticals of Merit Since 18



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it replaces natal tabs. a INS CO., II erit Since 18

X-ray, fractures, office surgery, gynecology, etc.

M.D., Oregon

Closed-Panel Critics

Sirs: A number of medical leaders have criticized the Health Insurance Plan of Greater New York for publishing a report on its obpetric results, which compare favbrably with those obtained by private practitioners. These critics have questioned not only the facts of the H.I.P. report but also the ethics of publishing it.

This seems to me a perfect example of the pot calling the kettle black. Without a shred of proof. spokesmen for organized medicine have repeatedly stated that closedpanel plans would inevitably lead to deterioration in the quality of medical care. Now that one of these plans has tried to refute this argument with factual evidence, it ill behooves these same critics to attack the report as "in bad taste."

George Shucker, M.D. Philadelphia, Pa.

A.M.A. Inconsistent?

SIRS: In my forty years as an active member of the A.M.A., I've often tried to explain to its critics why the A.M.A. has taken some stand. But lately the House of Delegates has shown an inconsistency impossible to defend.



I refer to last winter's resolution endorsing fluoridation of public water supplies and the recent blacklisting of the United Mine Workers' medical program.

Fluoridation of water at the source, the good or harm of which is still a moot medical question, obviously takes away the citizen's freedom of choice. Yet apparently the A.M.A. thinks this is quite all right.

The U.M.W. medical program, which has honestly tried to give the miners medical service far superior to any they've ever enjoyed, also takes away the citizen's freedom of choice. But in this case, the A.M.A. is outraged.

> Carl T. Olson, M.D. St. Petersburg, Fla.

He'd Name Names

SIRS: I've recently had these instructions printed on my prescription blanks: PHARMACIST: PLEASE INDICATE ON LABEL TRADE NAME AND STRENGTH OF MEDICATION IN ADDITION TO ANY WRITTEN DIREC-

I've found the resultant label to have big advantages over the traditional one that merely bears a prescription number and "one teaspoonful after meals" or "two capsules before breakfast."

For instance, suppose the trade name of the medicine is Basatil. And suppose the patient phones and says: "Doctor, I'm having the

trouble I had before. Should I get some more of those pills?" Until I've ferreted out his record from the file, I may not have the foggiest notion of what "those pills" were. Or if I'm where the record isn't available, it may take me several minutes of questioning to find out. I believe that both the patient and I are better served if he can ask me specifically about five-grain Basatil.

I know that some doctors feel that naming a medication makes it too easy for the patient to use it indiscriminately thereafter. But I contend that the layman who wants to play doctor will do so whether or not the medication is named. Anyhow, my plain Rx pads are still available for the occasional patient who shouldn't know what he's taking.

Any possible disadvantages of using trade names on labels are heavily outweighed by the advantages. Properly labeled bottles in a patient's home do more than just save time and effort. On an emergency call, for instance, you may find an extremely ill patient who's unable to give a good history. The medicine cabinet may contain several partly filled bottles of anonymous medicine. Were they sensibly labeled, they might at least be timesaving clues to the patient's history.

Myron S. Denholtz, M.D. Newark, N.J. END



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CART

(PENTAERYTHRITOL TETRANITRATE) (BRAND OF HYDROXYZINE)

For cardiac effect: PETN is " . . . the most effective drug why PETN? currently available for prolonged prophylactic treatment of angina pectoris." Prevents about 80% of anginal attacks.

why ATARAX?

For ataractic effect: One of the most effective-and probably the safest-of tranquilizers, ATARAX frees the angina patient of his constant tension and anxiety. Ideal for the on-the-job patient. And ATARAX has a unique advantage in cardiac therapy: it is anti-arrhythmic and non-hypotensive.

why combine the two?

For greater therapeutic success: In clinical trials, CARTRAX was demonstrably superior to previous therapy, including PETN alone. Specifically, 87% of angina patients did better. They were shown to suffer fewer attacks . . . require less nitroglycerin . . . have increased tolerance to physical effort ... and be freed of cardiac fixation.



NEW YORK 17, NEW YORK Division, Chas. Pfizer & Co., Inc.

*Trademark

1. Russek, H. I.: Postgrad. Med. 19:562 (June) 1956.

Dosage and Supplied: Begin with 1 to 2 yellow CARTRAX "10" tablets (10 mg. FETN plus 10 mg. ATARAX) 3 to 4 times daily. When indicated this may be increased by switching to pink CARTRAX "20" tablets (20 mg. PETN plus 10 mg. ATARAX.) For convenience, write "CARTRAX 10" or "CARTRAX 20." In bottles of 100.

CARTRAX should be taken 30 to 60 minutes before meals, on a continuous dosage schedule. Use PETN preparations with caution in glaucoma.

Polarization showed

Schering research the way

to improved

antihistamine

therapy

This is the indicator of a polarimeter, which verifies the presence of separable isomers in a compound.

NEW_ SCHERING ANTIHISTAMINE 25 TIMES MORE POTENT mg. FOR mg.

... than older ethylenediamine and benzhydrol antihistamines.

Polarization verified that chlorpheniramine is a separable racemic mixture. Schering scientists achieved separation of the dextro and levo forms, leading to the significant discovery that the antihistaminic activity is concentrated in the dextro isomer.

POLARAMINE offers greater therapeutic effectiveness, safety and freedom from side effects than other antihistamines—and at lower dosage.

POLARAMINE is the dextre isomer - a new, improved antihistamine now available as

OLARAMINE dextro-chlorpheniramine maleste REPETABS

Relief all day the REPETAB way

Dosage: One Repetas in the morning and one Repetas in the evening.

Tablets, 2 mg.—one t.i.d. or q.i.d.

POLARAMINE REPETABS 6 mg., bottles of 100 and 1000.

POLARAMINE is also available as 2 mg. tablets, bottles of 100 and 1000.

SCHERING CORPORATION, Bloomfield, New Jersey

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DOCTORS!



National's new bookkeeping system—designed especially for the Medical profession—posts daily log, ledger, and patient's statement in one fast, simple operation. All records are machine-printed, proved accurate. All month-end statement writing is eliminated. What's more, every statement shows an itemized breakdown of services rendered. These are just a few of many advantages of this modern National System.

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1039 offices in 121 countries . Helping Business Save Money

Ask your secretary to call our local National office or dealer for an appointment with our Medical Book-keeping Specialist. She'll be as pleased as you will, to learn how a National System, designed especially to suit your particular requirements, will cut your office detail in half.

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HER PAPER (No CARSON REQUIRED)

26 MEDICAL ECONOMICS · AUGUST 18, 1958

when you treat hypertensive patients
double-duty RAUDIXIN

is the solid baseline for successful therapy



Raudixin helps you relieve pressures on your patients

Raudixin "relieves anxiety and tension, particularly the tension headache of the mild hypertensive patient, better than any other drug."**

RAUDIXIN..." is the best symptom reliever."*

In mild to moderate cases, Raudixin is frequently sufficient.

Base line therapy with Raudixin permits lower dosage of more toxic agents. The incidence and side effects of these agents are minimized. Diuretics often potentiate the antihypertensive effect of Raudixin.

*Einnerty, F. A. Jr.; New York State J. Med, 57:2957 (Sept. 15) 1957.

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RAUDIAIN'S IS A SQUISS TRADEMARK

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diaper rash?

DESITIN OINTMENT of course.*

*soothing, protective, anti-irritant Desitin Ointment has been the answer for preventing and clearing up diaper rash in millions of babies for over 30 years.

We would be pleased to send SAMPLES on request.

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News

Virgins Join A.M.A.

The way has been cleared for the admission of the Virgin Islands Medical Society as a constituent member of the A.M.A.—the first new one since 1933. At San Francisco in June, the A.M.A. House of Delegates approved the application of the Virgin Islands society "in principle." Admission is thus assured, pending a routine check by the A.M.A. Law Department.

Doctor Decries Medicare Boycott in His State

You may get a kick out of boycotting a Government-sponsored health plan. But you're actually throwing away another chance to have a say in medicine's future.

That's the warning Dr. William Klingensmith of Amarillo, Tex., recently gave his colleagues in that state. The Texas Medical Association had canceled its Medicare contract, saying Medicare "represents a continued Government

encroachment into the private practice of medicine." Here's how Dr. Klingensmith views his state association's action:

"Members of the House of Delegates very neatly expressed their dissatisfaction with socialization, but at the same time cut themselves off from any possible control of its workings. The law was not altered one bit. Medicare will go on . . . whether [Texas] graces it by participation or not."

Dr. Klingensmith calls his colleagues' attitude "futile negativism." And he says it's not limited to Texas doctors. Both "the Texas and American Medical Associations have opposed almost every piece of social legislation ever proposed. [Yet] almost as consistently they have been overridden."

And the fact that medicine's views are so often overridden, Dr. Klingensmith believes, should be both a lesson and a warning to doctors. The lesson: "Our nation is undergoing rapid social and economic changes that the medical

profession cannot control." The warning: "We must lead the way in constructive planning for the future or we will lose the free enterprise system of medical practice."

Anti-Radiation Rx: Free Manual for M.D.s

Do the many nonradiologist M.D.s now using X-ray equipment know enough about correct procedures to use them safely? Many radiation experts fear they don't—and believe there's a hazard facing the public as a result. To correct this, the American College of Radiology, with A.M.A. backing, recent-

ly began sending doctors its new "Manual on the Medical and Dental Uses of X-rays."

The manual explains the safest methods of performing all the common X-ray procedures. The College's aim: to send a free copy to every medical and dental man in the U.S.

Latest on TV 'Doctors': Shorter Sleeves

The A.M.A. doesn't like those phony doctors in television commercials any more than you do. It's been working with the National Better Business Bureau, the National Association of Broadcasters.

Placidyl nudges your patient to sleep





New double-action formula in one convenient spray

Pyribenzamine® Compound with Privine NASAL SPRAY

One spray quickly brings welcome relief from troublesome hay fever symptoms—and lets the patient breathe freely again.

Allergic irritation and sneezing stopped by direct antihistaminic action of Pyribenzamine on nasal mucosa and sinuses.

Runny nose and nasal congestion relieved by the prompt vasoconstricting effect of Privine

PYRIBENZAMINE® COMPOUND with PRIVINE®

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MEDICAL ECONOMICS - AUGUST 18, 1958 31

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and other voluntary agencies in an effort to get rid of such objectionable advertising. And at its San Francisco meeting in June, the A.M.A.'s House of Delegates recommended that the A.M.A. offer the Better Business Bureau its laboratory facilities and expert help in carrying out a stepped-up program against questionable ads.

Almost at the same time, the National Association of Broadcasters was revising its television code to read: "Dramatized advertising involving statements or purported statements by physicians, dentists, or nurses must be presented by accredited members of such professions."

In other words, no more phony doctors in TV commercials.

But the latest word from the trade publication Printers' Ink is that some advertisers are already looking for loopholes. One advertiser who uses TV "doctors" is quoted as saying: "I guess it means we'll have to chop off the sleeves of those white coats they've been wearing... Lab technicians' coats have only half-length sleeves."

Nurses' Training Poses Headache for Doctors

Physicians are apparently of two minds about the training of nurses. They'd like to have more to say



In a recent study coitus was made possible in 85% of 67 cases of impotency with the use of 1 cc. of GLUKOR intramuscularly twice weekly, and maintained once weekly or as little as once monthly. GLUKOR was effective in 88.5% of

IMPOTENCE



patients² with impotence, male climacteric, senility, depression, angina and coronary.

GLUKOR, a fortified chorionic gonadotropin, may be used regardless of age and/or pathology without side effects. GLUKOR has been found to alleviate symptoms² of Nervousness, Fatigue, Irritability, Insomnia, Dyspnea, Palpitation, and Lack of Endurance. Also for the female — GLUTEST.

Each cc contains:—200 I.U. chorionic gonadotropin (human), 25 mg. thiamine HCL, 52.5 ppm. L (+) glumatic acid, 0.5% chlorobutonal and 1% procein HCL. Available in 10 & 25 cc multiple dose vials.

Reg. U. S. Pat. Off., Pat. Pend. Copyright 1958.

1. Gould, W. L.: Impotence, M. Times 84:302 Mar. '56.
2. Personal Communications from 110 Physicians.

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in peptic ulcer

Milpath^{*}

Millown & Mucholinerric

Milpath acts quickly to suppress hypermotility, hypersecretion and spasm, and to allay anxiety and sension. The loginess, dry mouth and histored vision to characteristic of some barbiturate-belladoma combinations are minimal with Milpath.

Formula: each second tablet contains: mapricement 600 mg, troffbenethyl ledids 25 mg.

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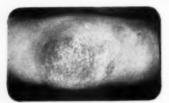
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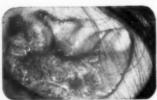
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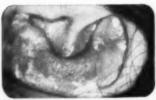
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Vioform-Hydrocortisone Cream



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Also newly available: VIOFORM LOTION, for patients in whom hydrocortisone is not indicated. For supply of Vioform-. Hydrocortisone and Vioform Lotions, write P.O. Box 277, CIBA, Summit, N. J. Request must be made on physician's letterhead or R blank.

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now also Lo available as a

Supplied: VIOFORM-HYDROCORTISONE Cream, containing iodochlorhydroxyquin 3% and hydrocortisone 1% in a water-washable base; tubes of 5 and 20 Gm. Lotion, plastic squeeze bottles of 15 ml. VIOFORM Lotion, 3%; plastic squeeze bottles of 80 ml.

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VIOFORM® (iodochlorhydroxyguin CIEA)

about it, especially the clinical part. But they don't want much to do with it; they find student nurses a bit of a nuisance, especially in the operating room.

This split in the medical mind became apparent at the A.M.A.'s recent San Francisco meeting.

New Jersey doctors had urged the A.M.A. to take some action to check the trend in nursing schools toward curtailing the operatingroom experience required. And California doctors had proposed the A.M.A. use its influence to correct the nursing schools' "overemphasis on academic training and [underemphasis on] practical experience."

The discussion that followed went like this:

From a California physician: "There's been a steady deterioration in the quality of nursing. There's a wide gap between the five-year-degree nurses on the one hand and the two-year practical nurses on the other. We in the medical profession have lost control of the nurse's training. It's time we got back into the picture."

From another Californian: "The nurse with a degree thinks of herself as an independent professional person rather than as an aide to the physician. Either we capitulate to the nurses entirely or we start doing something about a practical training program."

"But in the operating room," a

Massachusetts delegate asserted, "many surgeons would rather have technicians who are permanent and can be counted on than student nurses who are here today, gone tomorrow."

"Give me a technician every time," announced a Washington State surgeon. "Nurses' training in the operating room is pretty damned expensive—to the patient. In the process of learning, a student nurse can take up as much as an hour of the surgeon's operating time. At today's hospital prices, that's costing the patient \$18 a minute."

"What's happening," said a New Jersey delegate, "is that the trend toward cutting down on operating-room experience is developing throughout the country. If this trend goes unchecked, it may result in complete elimination of nurses' training in surgery. I think that the A.M.A. should express its stern opposition to this curtailment."

"But that," someone shouted, "is like telling your wife you don't like what she's doing!"

And someone answered: "Sometimes you have to tell your wife what she's doing wrong!"

At this point, Dr. Julian P. Price of the A.M.A.'s Board of Trustees urged the delegates not to criticize just for the sake of criticizing.

In the end, the House of Delegates approved the New Jersey and California proposals but softened

MEDICAL ECONOMICS · AUGUST 18, 1958 35

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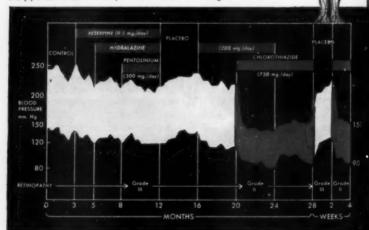
Investigator after investigator reports he

Wilkins, R. W.: New England J. Med. 257:1026, Nov. 21, 1957.

"Chlorothiazide added to other antihypertensive drugs reduced the blood pressure in 19 of $\overline{23}$ hypertensive patients." "All of 11 hypertension subjects in whom splanchnicectomy had been performed had a striking blood pressure response to oral administration of chlorothiazide" ... it is not hypotensive in normotensive patients with congestive heart failure, in whom it is markedly diuretic; it is hypotensive in both compensated and decompensated hypertensive patients (in the former without congestive heart failure, it is not markedly diuretic, whereas in the latter in congestive heart failure, it is markedly diuretic. ... "

Freis, E. D., Wanko, A., Wilson, I. H. and Parrish, A. E.; J.A.M.A. 166:137, Jan. 11, 1958.

"Chlorothiazide (maintenance dose, 0.5 Gm. twice daily) added to the regimen of 73 ambulatory hypertensive patients who were receiving other antihypertensive drugs as well caused an additional reduction [16%] of blood pressure." "The advantages of chlorothiazide were (1) significant antihypertensive effect in a high percentage of patients, particularly when combined with other agents, (2) absence of significant side effects or toxicity in the dosages used, (3) absence of tolerance (at least thus far), and (4) effectiveness with simple 'rule of thumb' oral dosage schedules"



In "Chlorothiazide: A New Type of Drug for the Treatment of Arterial Hypertension,"

Hollander, W. and Wilkins, R. W.: Boston Med. Quart. 8: 1, September, 1957.

MERCK SHARP & DOHME Division of MERCK & CO., INC., Philadelphia 1, Pa.



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- INITIATE THERAPY WITH 'DIURIL'. 'DIURIL' is given in a dosage range of from 250 mg, twice a day to 500 mg, three times a day.
- ADJUST DOSAGE OF OTHER AGENTS. The dosage of other antihypertensive medication (reserpine, veratrum, hydralazine, etc.) is adjusted as indicated by patient response. If the patient is established on a ganglionic blocking agent (e.g., 'INVERSINE') this should be continued, but the total daily dose should be immediately reduced by as much as 25 to 50 per cent. This will reduce the serious side effects often observed with ganglionic blockade.
- ADJUST DOSAGE OF ALL MEDICATION. The patient must be frequently observed and careful adjustment of all agents should be made to determine optimal maintenance dosage.
 - SUPPLIED: 250 mg, and 500 mg, scored tablets 'DIURIL' (chlorothiazide); bottles of 100 and 1,000.
 - 'DIURIL' is a trade-mark of Merck & Co., Inc.

XUM

Smooth, more trouble-free management of hypertension with 'DIURIL'

HELPS MEET THE NUTRITIONAL CHALLENGE OF PREGNANCY



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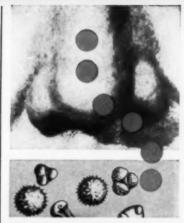
the wording of each. Instead of expressing "stern opposition" to curtailment of operating-room training, the delegates simply voiced "the opinion that some operatingroom experience is valuable training for all nurses."

Doctor and Lawyer Clash Over Contingent Fees

Malpractice lawyers commonly accept cases on the understanding that if they win, they'll get a percentage of the court award. Does this custom have anything to do with the soaring number of trivial malpractice suits? Yes, it's their "principal source," contends Dr. Russel Lee, director of California's Palo Alto Clinic.

Recently, at a San Francisco forum on malpractice, he got a chance to debate this point with a plaintiff's attorney. Dr. Lee argued that lawyers ought to "serve with the best of their ability whether the case is won or not. They should get a fee of \$25 an hour for the work they do in their office, and \$50 an hour for the work they do in court, regardless of the size of the judgment."

Attorney Lewis E. Lercara promptly spoke up in defense of contingent fees. "I'd like to ask a question of Dr. Lee," he said. "What would happen if Mr. Jones came into my office? Mr. Jones is a working man. He hasn't got a dime in the bank. Somebody's left some forceps in his wife; and he



SEASONAL BYWORD FOR BENEFIT

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HYDROCHLORIDE

- potent antihistaminic action
 prompt symptomatic relief
- · effective in low dosage

AMBODRYL Hydrochloride (bromodiphenhydramine hydrochloride, Parke-Davis) is available in the following forms:

AMBODRYL Hydrochloride Kapseals, 25 mg, each. Supplied in bottles of 100 and 1:000.

AMBODRYL Hydrochloride Elixir, 10 mg, per 4 cc. Supplied in 16-oz. bottles.

AMBODRYL Hydrochloride Steri-Vials, 5 mg. per cc., for parenteral use. Supplied in 10-cc. Steri-Vials,

Caution is suggested in prescribing AMBODRYL for use when sedation is contraindicated.



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MEDICAL ECONOMICS - AUGUST 18, 1958 39

in low back pain, sprains and strains effective muscle relaxation on low dosage

PARAFLEX

specific for painful spasm

In a wide variety of traumatic, rheumatic and arthritic disord pain with a low incidence of side effects.14 For example

In a study of 148 patients PARAFLER was four he a most effective muscle-relaxing drug in d of 250 mg. (1 tablet) four times a day. Not one of the patients had to discontinue t

SIDE EFFECTS: RARE apy because of side effects. In most patients beneficial effects of PARAFLEX became appare to 60 minutes after the drug was administered

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has a claim. That is a meritorious claim; anybody will acknowledge that it is. I say to him:

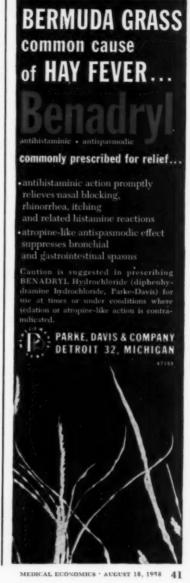
"'Now Mr. Jones, this lawsuit is going to cost you \$15,000 and costs, because we have to pay jury fees; we have to pay for depositions; we have to pay for this, that, and the other thing. The time I'll put in on this case will amount to \$4,000 or \$5,000 at \$25 an hour for my time in the office and \$50 an hour in court. Mr. Jones, I'd be very happy if you'd pay me that money."

"Mr. Jones hasn't got a dime. Now, do you think Mr. Jones should have to walk out of the office? Or do you think he is being aided by the fact that some lawyer is willing to gamble his own money and his own time in presenting his case to the jury . . .? What would your answer be?"

Dr. Lee stuck to his guns. Under his proposed system, a lawyer would "gamble his own money and his own time" only when the case really is meritorious. "If [Mr. Jones] should win," he answered, "you should take the \$4,000 which you put up for expenses, and then take your proper fee."

A.M.A. Agrees to Step Up Study of Reciprocity

Illinois doctors think it's high time something is done about the licensure mess. Even states that recognize the principle of reciprocity are refusing to accept certain licensed



Menilial overgrowth is a factor

SUPPLIED:

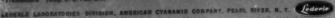
CAPSULES contain 250 mg. tetracy-cline HCl equivalent (phosphate-buffered) and 250,000 units Nystatin. ORAL SUSPENSION (cheery-mint Havored) Each 5 cc. teaspoonful contains 125 mg. tetracycline HCl equivalent (phosphate-buffered) and 125,000 units Nystatin.

Basic oral dosage (6-7 mg. per lb. body weight per day) in the average adult is 4 capsules or 8 tsp. of ACHROSTATIN V per day, equivalent to 1 Gm. of ACHROMYCIN V.

*Tredemark | 1809. U.S. Pat. Off.

Combines ACHROMYCHI V with MYSTATIN

ACHROSTATIN V combines ACHROMY-CINT V . . . the new rapid-acting oral form of ACHROMYCINE Tetracycline ... noted for its outstanding effectiveness against more than 50 different infections . . . and NYSTATIN . . . the antifungal specific. ACHROSTATIN V provides particularly effective therapy for those patients who are prone to monilial overgrowth during a protracted course of antibiotic treatment.



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Illinois physicians on rather technical grounds, they charge. The grounds: The medical school they'd graduated from was not approved by the A.M.A. at the time of their graduation, although it has been approved since.

"This is unfair discrimination," Dr. Walter C. Bornemeier of Chicago told the A.M.A. House of Delegates at its recent San Francisco meeting. He urged the Association "to stimulate suitable legislation on a national level" to promote licensure by reciprocity.

The delegates decided that this is pretty much a forty-nine-state problem. They noted that even the six New England states can't agree. So the House directed the A.M.A. Trustees to "take appropriate steps" to complete a nation-wide study of the problem, then to consult the Federation of State Medical Boards "in an attempt to find a satisfactory solution."

Doctor's Wife Should Be a Mother-Type, He Says

What sort of wife does a doctor need? According to New Orleans Psychiatrist T. A. Watters, she ought to be "a most excellent mother" to her husband—but "discreet in not letting this secret escape."

Why must she mother him? Because, explains Dr. Watters, the physician spends all day mothering his patients. He needs "to be catered to and replenished when he gets home... MORE



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the battle won in the office...is often

'Combid' Spansule capsule therapy controls both the psychic and physical factors in ulcer and other g.i. disturbances, and helps your patients to maintain "g.i. equilibrium."

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secretion spasm nausea and vomiting anxiety, tension and stress

for 10 to 12 hours after just one oral dose.

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Novahistine LP

than with antihistamines alone

*greater relief...because a distinctly additive action is obtained by combining a sympathomimetic with an antihistaminic drug.

continuous-acting tablets...for continuous relief



Phenylephrine hydrochloride.... 20 mg. Supplied in Chlorprophenpyridamine maleate. 4 mg. bottles of 50 tablets.

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For day-long or night-long relief, I dose of 2 tablets (I tablet for mild cases and children). Trademark



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"Doctors have been known by the psychiatrist to fly into rages from envy of the patient's privileged position of eternal recipient. The physician who spends his life reassuring other people needs reassuring himself from time to time. His good wife understands this and gives plentifully to him."

She must also understand, Dr. Watters continues, "that the doctor becomes accustomed to being treated with deference, his orders being carried out literally and promptly by his helpers." So she must "try not to make his home life too much of a contrast."

As if that weren't enough, Dr. Watters says that doctors' wives have to remain constantly careful of their husbands' professional reputations. They "must deny themselves a frequent womanly outlet of exposing the clay feet of male idiosyncrasies and weaknesses."

Besides guarding and mothering her husband, the doctor's wife must be doubly a mother to her children. 'The physician does good, apparently, to everyone but his own children," Dr. Watters notes. Doctors' children are notably unfortunate "where both husband and wife are practicing physicians . . . [and] the mother is out of the home for long periods, caring for patients in a way that resembles the parent's role."

This point Dr. Watters commends especially to other psychiatrists-who, it appears, are by no means immune to the special problems of the doctor-as-husband-andfather. "There is little use." he comments, in a psychiatrist's "curing all the neurotics in his office. while at the same time adding to their number in his own home."

Survey Shows Why Nurses Don't Stay Put

If you've noticed a big turnover in your hospital's nursing staff, don't iump to the conclusion that the administration's at fault. It's apparently natural for nurses not to stay put. Of some 4,000 R.N.s recently surveyed by the magazine RN, 45 per cent said they'd never been on any one hospital staff for longer than a year.

What makes them leave their jobs so often? The survey reveals the three most common reasons as pregnancy, marriage, or home responsibilities, in that order. Only 14 per cent of the nurses said they'd ever quit an institution because of such administration policies as low pay or poor working conditions.

'Don't Compromise With Third-Party Control'

Instead of simply decrying health plans that permit third-party intervention. America's doctors should make positive suggestions for acceptable substitute plans. So some

medical leaders have been saying lately. But at least one influential physician calls such an attitude "downright silly." It's time "to explode the public relations myth that the medical profession must be 'for' and not 'agin,' " maintains Dr. Mal Rumph, president of the Association of American Physicians and Surgeons.

"During the past ten years, medicine's so-called 'positive' approach ... has amounted to nothing more than a few physicians' shirking their medical responsibilities to their patients [in order] to curry favor with politicians, labor bosses, and other third-party interventionists," he charges. And he believes it's "morally wrong" for medicine to consider changing "a plan of medical care that is the best in the world."

Instead of offering compromise alternatives to the Forand bill and to labor-sponsored, closed-panel health plans, says Dr. Rumph, doctors should "adopt a 'positive' program of 'nots': . . . ten or thirty commandments . . . stating those practices which they will not indulge in or tolerate."

If they do this, he adds, thirdparty intervention will cease. Because "only a physician can deliver medical care... Nelson Cruikshank [A.F.L.-C.I.O. Social Security director | cannot deliver medical care. Neither can Walter Reuther or John L. Lewis."

Therefore, Dr. Rumph concludes, if every physician "decides that he will not permit any untrained individual to tell him how to deliver [medical care], all of the threats by third parties to control [medicine] will have no more effect than a gnat flying against a solid brick wall."

Pick-Up Dictation Service

Medical dictation transcribed by inexperienced secretaries means headaches for the M.D. Now, in at least one city, a cure for this common condition is being offered to local physicians. The Medical and Dental Service Bureau of Houston, Tex., says it has the answer: "thoroughly experienced medical secretaries who know-and can spell!medical terminology." Their services are now available to any local doctor who wants to have his dictation transcribed. And for doctors less than three miles away, the bureau will even provide pick-up and delivery service.

They're Helping Patients Weather the Recession

People who like to talk about monev-hungry doctors probably won't find too many takers in Detroit. Local citizens are talking instead about how doctors have reduced or forgone their fees rather than deprive recession-hit families of needed medical care. MORE

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It is said blondes burn easier than brunettes, and redheads easiest of all. No matter. Any sunburn is quickly soothed with new NUPERCAINAL DLotion, 0.5%; 80-ml. squeeze bottles.

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CIBA BUMMIT, N. J.



Typical of the fee arrangements Detroit's physicians have been making with the unemployed is the one Dr. Alice E. Palmer uses. "In our office," she says, "we have a gentleman's agreement that necessary treatments go on uninterrupted. [with] payment to begin again as soon as the person returns to work. This is not a deferred-payment plan, putting worry on the man's shoulders; it is a cancellation of fees for the unemployment period."

Dr. Palmer adds that fee arrangements similar to hers have been common throughout the city. "Even in practices where most of the patients are [out of work]," she reports, "doctors have temporarily but drastically reduced fees" for the unemployed.

Do Detroit's doctors feel they're doing anything others wouldn't do? No. says Dr. Palmer. It's just "one small way" private medicine can help out in bad times, she says. It's only natural for "the ethical physician [to adjust] his fees quickly in times of recession without any orders from anybody."

M.D. Allowed to Deduct Sideline Losses

The growing number of doctors who put their spare cash into sideline businesses got some encouragement recently from the Tax Court.

A case before the court involved a physician who was a cattleman on the side. Dr. George M. Zeagler of Palatka, Fla., had charged off a nineteen-year series of heavy cattle-raising losses against his professional income.* The Internal Revenue Service had objected, claiming the doctor's two cattle farms were a hobby, not a business, and therefore the losses weren't deductible as a business expense.

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The doctor wouldn't accept this view. That put the decision up to the Tax Court.

The Revenue Service argued that Dr. Zeagler had intended to "profit from his income tax returns rather than from his farming operations." In fact, said the I.R.S., he had "created an estate at Government expense."

But the Tax Court ruled in favor of the doctor. The court's reasoning: The deductions were allowable because Dr. Zeagler had demonstrated "the true intention of eventually making a profit."

A significant point in the doctor's favor: "The farms were not country estates used...as residences, they were not show places, and they were not used to any material extent for entertaining or recreation, nor were they equipped for such purposes."

Other points cited by the court:

^{*}Dr. Zeagler's annual losses ranged from \$1,618 in 1937, when he invested in his first farm, to a peak \$55,359 in 1952.

TAKE A NEW LOOK AT FOOD LERGENS*-TAKE A LOOK NEW DIMETANE

in a recent 140-patient study' DIMETANE gave "more relief or was superior to other antihistamines," in 63, or 45% of a group manifesting a variety of allergic conditions. Gave good to excellent results in 87%. Was well tolerated in 92%. Only 11 patients (8%) experienced any side reactions and 5 of these could not tolerate any antihistamines.

IMETANE Extentabs (12 mg. each, coated) provide antihistaine effects daylong or nightlong for 10-12 hours. Tablets 4 mg. each, scored) or pleasant-tasting Elixir (2 mg./5 cc.) may be prescribed t.i.d. or q.i.d., or as supplenentary dosage to Extentabs in acute allergic Robins inations. A. H. ROBINS CO., INC., Richmond



MEDICAL ECONOMICS : AUGUST 18, 1958 51

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It normally takes as long as fifteen years before cattle-raising starts to pay off. This period may have been lengthened for Dr. Zeagler because of "depressed conditions" in the cattle market from 1951 to 1956.

In developing his farms, Dr. Zeagler "utilized the advice and assistance of the county farm agents, Federal soil conservationists, feed and seed experts." In addition, he "gave that amount of personal attention . . . which his medical practice would permit."

¶ Accounts of his farming operations were maintained by a bookkeeper (who also kept the books for a hospital that's another Zeagler enterprise).

This M.D. Really Milked **His Patients**

If your collections are a lot better than your great-grandfather's used to be, maybe it's because your fees are a lot more reasonable than his were. A California doctor, digging into history, has turned up a century-old case of fee-gouging that seems to prove the point:

For a four-day house call, a certain Dr. John Marsh-who practiced in the vicinity of Los Angeles long before the birth of Hollywood spectaculars-presented a bill for fifty cows. He got paid, too. But his patient's family, slightly irritated, deducted the cost of laundering two of the doctor's shirts, For this service they charged him twenty-five cows.

History doesn't record whether Dr. Marsh was sufficiently cowed by the implied rebuke.

Some Doctors Said to Break Fee Pledge

If there's any truth to claims that the public has lost confidence in physicians, it may be because some of them charge more than anyone expects. Right now, for instance, some doctors are breaking a pledge they made to a labor union to hold their charges down. At least that's what one medical leader reports.

The medical leader is Dr. Joseph P. Alvich, president of the Bronx County (N.Y.) Medical Society. The labor union is District 65, New York City affiliate of the Retail, Wholesale, and Department Store Union.

Each year this local lets its members pick which kind of health insurance coverage they want: a free-choice-of-physician plan, or the closed-panel Health Insurance Plan of Greater New York (H.I.P.). District 65 gives its members this choice partly because some 4,000 independent New York doctors promised the union not to charge more than H.I.P.'s fee schedule. But apparently some of these doctors aren't making good MORE on their promise.

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Tyrant in the house?



'Thorazine' can control the agitated, belligerent senile and help the patient to live a composed and useful life.

When 'Thorazine' is administered to the agitated senile, there is a marked decrease in his nerve-racking outbursts of hostility, irritability, abusiveness, incessant talking and "day-and-night" pacing or restlessness.

On 'Thorazine' therapy, the patient often forms more regular eating and sleeping habits and improves in his personal hygiene. As the patient becomes more tractable and cooperative, he is able to live a composed and useful life.

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chlorpromazine, S.K.F.

one of the fundamental drugs in medicine Smith Kline & French Laboratories, Philadelphia

*T.M. Reg. U.S. Pat. Off.

MEDICAL ECONOMICS - AUGUST 18, 1958 53

According to Dr. Alvich, only 49 per cent of his society's doctors who signed the pledge have adhered to it. The rest, he says, are charging workers an average of 80 per cent more than was agreed.

Warns Dr. Alvich: If this continues, "many of these [workers] will be compelled to return to the H.I.P. program . . . They cannot afford to pay the difference."

One More Identity Card

A new kind of emergency medical identification card is now being supplied to physicians for distribution to their patients. The card has been prepared by the American Heart Association. It states that the bearer "is being treated with anticoagulants which slow down clotting of the blood." There's a warning that a doctor be called in case of emergency, since the patient may need an antidote. The card also provides space for listing the patient's blood type and the kind of anticoagulant being used.

M.D.s Line Up to Serve Abroad at Poor Pay

It's not the money; it's the principle of the thing. That's the only way to explain the fact that doctors are standing in line for MEDICO posts paying from \$100 to \$150 a month. According to latest reports, MEDICO has twice as many doctor-applicants as are needed.

MEDICO stands for Medical International Cooperation. The organization owes its start to Dr. Thomas A. Dooley, who went to Laos, on the rim of Red China, to bring American medical help to the desperately needy people there. His project so stirred a number of doctors in this country that they founded the nongovernmental, nonsectarian MEDICO to provide more medical aid in other underdeveloped countries.

There has been no appeal for medical volunteers. But already some sixty physicians, presumably inspired by what Dr. Dooley accomplished in Laos, have volunteered for similar assignments. In addition, about the same number have asked for information on how to apply.

Current MEDICO plans for this year (its first) call for sending about twenty-five doctors abroad, mostly to Southeast Asia. There are three kinds of posts American doctors will fill, explains Dr. Peter D. Comanduras, secretary-general of the organization:

1. About six doctors will head teams of nurses and technicians with the task of setting up and staffing clinics, which later will be turned over to the local governments. Dr. Dooley returned to Laos last month with such a team.

2. Another half-dozen doctors will be sent to work in established foreign hospitals to give native docexytet

TOPICA

EYEJEA

TO HIS EARS IN POISON IVY **AGAIN** for fast relief and remission of rhus rash / anti-infective / anti-inflammatory

Terra-Cortril

BRAND OF CRYTETRACYCLINE AND HYDROCORTISONE

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SUPERIOR** FOR SKIN DISORDERS OF INFLAMMATORY OR INFECTIOUS ORIGIN 44Clearly advantageous in combining in one preparation, hydrocortisone [Cortril*]...and exytetracycline [Terramycin*]**?*

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TOPICAL OINTMENT — in 1/6-oz. and 1/2-oz. tubes. EYEEAR SUSPENSION — in bottles of 5 cc.

1. Lubews, I. i., Am Pract. & Bigest, Treat. 7:962, 1956. 2. Miedelman, M. L.; Am. Pract. & Bigest, Treat. 8:1753, 1957. 3. Combleet, T., et al.; J. Invest, Dermat. 27:61, 1956.

Pfizer PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, N.Y.

after 30 min.

Progressive increases in vital capacity following a single oral dose of five tablespoonfuls of Elixophyllin. (Average increase in

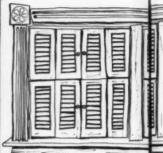
oral dose of nive tablespoontuis of Elixophyllin.
(Average increase in 30 minutes – 807 cc.)*

after 15 min.

Average vital capacity of 20 patients in scute asthmatic attack was 2088 cc. before treatment.*

*Spielman, D.: Ann. Allergy 15:270, 1957.





RELIEVED IN MINUTEN

Acute: 74% of severe attacks terminated by oral medication

Fifty unselected patients admitted for emergency room treatment of severe acute asthmatic attacks were given 75 cc. Elixophyllin *orally* instead of intravenous aminophylline. Of these, 37 (74%) were completely relieved and discharged without further treatment – 9 responded to additional therapy – 4 were hospitalized as status asthmaticus cases.

- Schluger, J., et al.: Am. J. M. Sci. 234:28, 1957.

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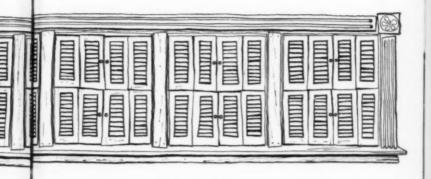
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TEY ORAL DOSAGE...

hronic: Daytime dosage chedule affords most patients t-hour relief

two days

c. (3 tablespoonfuls) on arising c. (3 tablespoonfuls) on retiring c. (3 tablespoonfuls) once midway tween above doses (about 3 P.M.)

After two days

Size of doses should be slightly decreased to determine proper individual maintenance dosage,

tablespoonful (15 cc.) contains: THEOPHYLLINE, 80 mg., ALCOHOL 3 cc. as of 16 fl. oz. available at prescription pharmacies — Rx only.

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In chess this symbol means that a player has castled with his king's rook.



In pharmaceutical advertisements this symbol means there's a comprehensive description of the product in your copy of PHYSICIANS' DESK REFERENCE.

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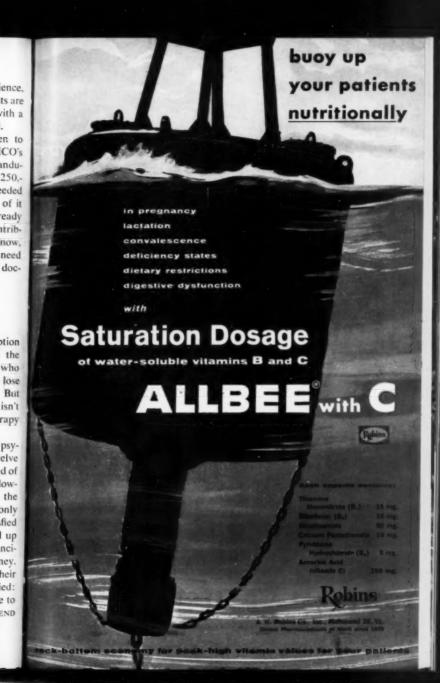
3. Roughly fifteen specialists are to be sent on tour, starting with a traveling eye clinic in the fall.

Getting these medical men to their foreign patients is MEDICO's major expense item. Dr. Comanduras estimates that between \$250,-000 and \$500,000 will be needed for the year's program, most of it to cover transportation. Already some \$150,000 has been contributed in four months. But right now, says Dr. Comanduras, "we need money more than we need doctors."

Psychotherapy Helps **Artists Pay Bills**

It's a fairly common assumption that artistic talent thrives in the maladjusted, and that an artist who gets psychotherapy is likely to lose much of his creative ability. But a recent study indicates this isn't so. In fact, it appears that therapy sharpens the artistic skills.

After studying the effects of psychoanalytic treatment on twelve artists, Dr. (Ph.D.) Edrita Fried of New York City reports the following findings: All but two of the analyzed individuals not only became personally more satisfied and pleasant, but they stepped up their creative output-and, incidentally, they made more money. An unexpected by-product of their therapy, according to Dr. Fried: Most of the artists became able to pay for their treatment. END



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Your G-E x-ray representative will be glad to introduce you to one in your area. Or write X-Ray Dept., General Electric Company, Milwaukee 1, Wisconsin, for Pub. C-81.

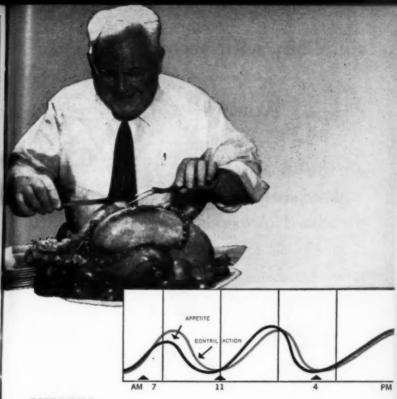
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60 MEDICAL ECONOMICS . AUGUST 18, 1958



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THE
APPETITE...AT THE HUNGER PEAKS

BONTRIL

Curbs excessive desire for food Helps to ease bulk hunger Reduces nervous tension hunger

Each tablet contains:

Dextroamphetamine Sulfate...5 mg. Methylcellulose350 mg. Butabarbital Sodium......10 mg.

Dosage is flexible:

 1 or 2 tablets once, twice or three times daily. The usual dosage is one tablet upon arising and at 11 A.M. and 4 P.M.

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CHEMICAL STRUCTURE IS UNLIKE ANY OTHER
SKELETAL MUSCLE RELAXANT CURRENTLY AVAILABLE...

Here's a skeletal muscle relaxant that isn't "longer acting" ... it's long acting ... affording sustained relief for as long as six hours after a single dose. / Here's a skeletal muscle relaxant that isn't merely "effective" ... it's consistently effective in the majority of patients with muscle spasm, pain and stiffness. / Here's a skeletal muscle relaxant that doesn't have "relatively few physical or psychic side effects" ... it's a pure muscle relaxant that won't cause drowsiness or dizziness, nor produce adverse G. I. or psychic effects even on prolonged administration. / Here is

Sinaxar (STYRAMATE, ARMOUR)
2-hydroxy 2-phenylethyl carbamate

Dosage: One or two tablets t. i. d. Supplied: 200 mg. tablets in bottles of 50.



MEDICAL ECONOMICS · AUGUST 18, 1958 63

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POTENTIATES TISSUE PROTEIN SYNTHESIS

Critically essential L-lysine with all the important vitamins

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To speed convalescence in major surgery, illness, injury Critically essential L-lysine with B vitamins

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To improve nutrition in the elderly, the adolescent, the growing child

protein synthesis depends
upon an adequate
intake of proper proportions
of all the essential amino acids
simultaneously. The biological value
of cereal proteins, which comprise 20% to
40% of total dietary proteins, is limited by a
relative deficiency of lysine. Cerofort supplies
physiologic amounts of L lysine to raise the body-building

addition, Cerofort Elixir supplies generous amounts of important, appetite stimulating B vitamins. Cerofort Tablets provide therapeutic levels of all known essential vitamins. In order to obtain the optimal benefit of lysine supplementation, administration with meals is essential.

value of many cereals to that of high quality protein. In

DOSAGE: 1 Tablet t.t.d. with meals. Cerofort Tablets in bettles of 60. White's

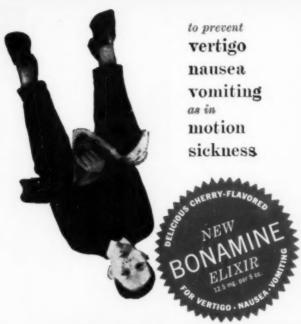
first with lysine

WHITE LABORATORIES, INC., Kenilworth, N. J.

DOSAGE: 1 tsp. t.i.d. with meak. Carofort Elixir in bottles of 8 cz.

64 MEDICAL ECONOMICS · AUGUST 18, 1958

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BONAN

No other therapy can compare to the single-dose, 24-hour effectiveness,1 safety and acceptability of BONAMINE for children. Protection includes the frank manifestations as well as the disturbing earlier symptoms of apathy, indifference, petulance, anorexia, sleepiness, and/or headache, etc. Side effects are extremely rare-"less than in the case of the other agents"2--and usually minor and transient when encountered.

Also indicated for vertigo, nausea, vomiting in: common pediatric infections . postoperative patients . opiate or other drug therapy · radiation therapy, fenestration procedures, labyrinthitis

BONAMINE Tablets, scored, tasteless, 25 mg. Boxes of 8, bottles of 100 and 500.

BONAMINE Chewing Tablets, pleasantly mint flavored, 25 mg. Packages of 8.

1. Repart of Study by Army, Navy, Air Force Motion Sickness Team: J.A.M.A. 160:755, 1956. 2. Moyer, J. H.: M. Clin. North America, March, 1957, p. 405. *Trademark

PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, New York (Pfizer)





In Berne, physicians use Serpasil for almost every type and degree of hypertension

In Berne, Switzerland, physicians know the versatility of Serpasil. They prescribe it in three basic hypertension situations: In mild hypertension, Serpasil alone calms the patient while it lowers his blood pressure gradually and safely. In more severe cases, a priming course of Serpasil enhances the patient's response to subsequent therapy. In almost every case, Serpasil is good adjunctive therapy; it lowers dosage requirements of other

antihypertensive agents, thus holding their side effects to a minimum.

No matter where you practice* you can use Serpasil in almost any antihypertensive program to benefit many hypertensive patients.

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*An objective survey of 1245 physicians in the U.S. and in 40 other countries brought out this fact: Serpasil controlled or helped to control high blood pressure in 73.8% of all patients treated.

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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, AUG. 18, 1958

Charge for Telephone Consultations?

Here's how one pediatrician does it without alienating people. His secret: a tactfully worded announcement and fee schedule

By George Widdicombe, M.D.

"Many problems can, and should, be handled by telephone. I want people to feel free to call at any time for anything—but also to be willing to accept a small charge for this service."

That was the gist of a notice I mailed to the parents of all my pediatric patients a few months ago. I sent it because I could think of no other way to cut down on the number of phone calls I was handling personally.

It used to seem to me that the mothers of virtually all my patients kept bending my ear virtually all the time. To be exact, I was averaging only about sixteen such phone

THE AUTHOR, who writes here under a pen name, practices pediatrics in Portland, Me.

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out this rol high treated. calls a day during office hours. But four interruptions an hour can become an intolerable distraction.

I'm quite willing to be permanently on tap for anyone who needs me. But my nurse is thoroughly able to handle nonclinical problems. I couldn't see why parents refused to ask her instead of me whether or not little Willie ought to go out in the rain.

So when I discovered that doctors in some cities— Washington, D.C., for instance—have taken to charging for phone calls, I decided to follow their lead. I sent out the announcement you'll find reproduced on the opposite page. Then, quaking a bit, I sat back and waited.

That was eight months ago. By now I've stopped quaking. The calls I have to take are down to five or six a day—less than half the former number. And, remarkably enough, almost nobody has said anything bad about my new policy!

Five or six parents (out of the thousand-odd on my mailing list) did gripe a little. Several have actually changed to another doctor because of my phone-charge system. But that's all. The only other reactions that have reached me have been casually favorable comments from fifteen or twenty parents.

Have other Portland doctors picked up the idea? Not yet, so far as I know. Many of my colleagues say they're tempted. But they apparently hesitate to take the plunge. Can't say I blame them, either. I started this entirely on my own and didn't expect support.

Nor did I expect increased earnings; that wasn't the point of the new policy. Even today, I level relatively few charges for calls: seldom more than fifty-odd a month, usually less.

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HOW ONE DOCTOR ANNOUNCED A NEW TELEPHONE POLICY

TELEPHONE CALLS ...

... take a lot of time. Often, they take so much time that it interferes with prompt care of sick children at home and relaxed discussions in the office.

Many problems that affect children can, and should, be handled by telephone. I want my patients to feel free to call at any time for anything—but also to be willing to accept a small charge for this service.

As of next month, a nominal charge will be made. MOST calls will continue to carry NO CHARGE (and this is particularly true of nonclinical calls handled entirely by my nurse, as well as of clinical calls I handle through her). However, some calls will carry a charge of one dollar, and a few calls a charge of two dollars.

The decision as to whether, and how much, to charge will be determined by a number of circumstances—but chiefly by the *type* of advice given and the *time* required to give it.

I am sorry to interpose even a small barrier in assisting my patients. But I feel certain that in doing so we will be able to give better care where it is even more needed.

IN BRIEF:

Most calls—	No charge
Some calls-	One dollar
A few calls-	Two dollars

GEORGE WIDDICOMBE, M.D.

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CHARGE FOR PHONE CONSULTATIONS?

pay for a given call? By weighing half a dozen factors in my mind. Here's what I consider:

- 1. How much time the call takes.
- 2. Whether or not I then have to phone a drugstore.
- 3. Whether the parent phones me seldom or often.
- 4. Whether or not I've seen the patient recently.
- 5. The type of advice I give. (For example, if I diagnose and prescribe for mumps, I usually charge \$1. But if a child has an "upset stomach," I'm likely to advise his mother for free.)
 - 6. The financial status of the family.

Sounds like a lot of factors to weigh. Actually, it takes only a few seconds per case.

I maintain a daily telephone log of all calls for which I intend to charge. I write down the person's name and the fee; and my nurse sends a bill for the service. That's all there is to it. If the parent doesn't pay up, we simply forget it. But so far most have paid without comment.

As I've said, the money isn't important. What is important is that I can now give full time to patients in the office without the nuisance of constant interruptions. People who used to phone me about minor matters now talk to my nurse about them. She helps them if the problem is within her proper sphere. If not, she relays the problem to me, then phones my answer back. There's never a charge for such a service.

I feel sure most parents understand the reason for my , new policy. They know they're helping me serve other patients by freeing me from needless phone calls.

So if you've got jangling nerves because of jangling telephones-well, maybe the announcement reproduced here will give you some ideas. It's made medical practice much more enjoyable for me. END

CHECK AONL LALMONEK

If you keep 80% of your patients from one year to the next, you're doing fine. But 60% may spell trouble

By Charles Miller, M.D.

One revealing test of any family doctor is the annual turnover among the families under his care. A well-established G.P. may lose less than 10 per cent of his clientele a year, including deaths and removals. The figure runs higher, of course, in towns of transient population. But at what point does turnover become a reflection on the doctor?

One possible answer emerges from a study made some time ago in Washington, D.C. "From younger groups questioned," reported Dr. R. Lee Spire, "came the rather startling [finding] that the yearly change in their patient roster ran as high as 60 per cent, with an average of 35 per cent. Such figures would seem to indicate something lacking in the attitude of the younger physicians."

The most satisfying thing about family practice is—or should be—continuity of care. You see babies born; you watch them grow up; you treat them as long-time friends. Any family doctor who fails to achieve this continuity with at least two-thirds of his patients is probably neglecting the *art* of medicine.

It's a sign of failure that shouldn't be obscured by financial success.

Want Capital Gains? Look at Special Situations

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They're securities that offer you unusual opportunities for early investment profits. They're created by some new development within a corporation—a new product, a reorganization, a merger, perhaps a liquidation. Here are the fascinating facts about special situations: how to find them, how to recognize them, how to turn them into capital gains

By M. J. Goldberg

Buried in the back pages of The New York Times of July 5, 1951, was a two-inch item about a new gadget being developed by Bell Laboratories. The engineers claimed that their "transistor" could do everything a vacuum tube could, but was smaller and more efficient.

Most readers paid little attention to the story. But I know one man, a Long Island obstetrician, who saw the investment possibilities if the transistor panned out. So he tucked the information away in his mental follow-up file.

Three years later, he heard that a little-known manufacturer called Texas Instruments Incorporated had perfected the transistor and, under license from Bell, was moving into mass production. The doctor immediately bought some of the company's stock.

What happened next is stock market history. Early this year the doctor sold out his shares, after multiplying his money nearly sevenfold. Now he's on the lookout for more such "special situations."

That's a term you hear a lot these days. Just what are special situations in the investment field? Briefly, they're securities that offer unusual opportunities for swift capital gain. If you spot them in advance, and if you aren't afraid of taking chances, you can make a lot of money from them, even in a sluggish market.

Special situations almost always arise from an internal administrative act by a corporation. Texas Instruments, for example, decided to bring out a new product with a sure-fire market. But more often the "special" act is likely

SPECIAL SITUATIONS

to be a company reorganization, a liquidation, a merger, a court decision, or a recapitalization.

The stock has one value before the act takes place-before the general run of investors take note of it. It has another, higher value after the act has been completed and the situation has worked itself out. That's where the profit comes in.

So everything depends on one question: Will the proposed corporate action actually come off? If it does, the investor who jumped on the wagon early gets a good ride. If it doesn't-well, that's the risk he takes.

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Unlike most types of investment, special situations aren't much affected by investor psychology, the course of business in



"I'm no psychiatrist, but why not come up to my place anyway, stretch out on my couch, and tell me your troubles?"

general, or the trend of other stock prices. The profit is built in. Sometimes, in fact, it can be calculated almost mathematically. That's why the special situations are so appealing right now. During the past year, while market averages either fell or meandered aimlessly, a number of special stocks pushed bravely uphill.

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And special situations hoist their own buy-and-sell signals. The time to buy: when early announcement of the proposed action makes potential profits big enough to justify the risk. The time to sell: when, after the act has been completed, the stock has risen to a price that fulfills its earlier promise.*

It Takes a Sharp Eye

"All you need is a pencil, a piece of paper, curiosity, and a desire to make money," says one financial writer. Unfortunately, it isn't quite that simple. First of all, you need an eagle eye for spotting good situations before they become common knowledge.

We've already seen how a new invention-the transistor-created such a situation. Here are some other major possibilities:

Their Loss, Your Gain

1. Liquidations. Many a company is worth more to the alert stockholder dead than alive. For example, take the L. H. Gilmer Company:

When it announced plans to liquidate a few years ago, the stock was selling for \$11 a share. According to the company's balance sheet, the assets were worth only \$10 a share. But anyone who dug below the surface could scent the promise of capital gains. Why? Because as a result of the forced liquidation, Gilmer was due to get a tax refund amounting to \$4.40 a share.

So a share selling for \$11 actually represented a bundle of assets-soon to be turned into cash-worth a total of \$14.40. Investors who bought into the company at the right time made a quick profit of 31 per cent on their money.

2. Reorganizations. To pump life into a flagging business, a company may juggle its financial

^{· *}Usually investors don't respond to the sell signal until they've owned the stock for more than six months. Then their profits qualify as long-term capital gains, taxable at a maximum rate of 25 per cent. If the stock is sold within six months, profits are taxed at the same rates as ordinary income, with a maximum rate of 91 per cent.

structure and offer new securities for old. If the terms of the offer are right, an attractive special situation can develop.

When the Chicago, Rock Island & Pacific Railway Company was reorganized in 1947, bond-holders were asked to swap their certificates for some cash, some new bonds, and some common stock. The old bonds had been

selling for \$524. But for each of them, the bondholders received a package of cash and securities worth \$781. A good special situation for investors who figured it out before everybody else did too.

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3. Recapitalizations. Sometimes a corporation will change its financial structure for other reasons—because of taxes, say,

Five Services That Will Help You Invest in Special Situations

FORBES SPECIAL SITUATION SURVEY, Forbes Inc., 70
Fifth Avenue, New York 11, N. Y. It recommends twelve special situations during the subscription period (about a year). Each recommendation is reviewed periodically until sale is advised. Subscription price: \$150 for twelve issues.

over-the-counter special situations service, Arnold Bernhard & Co., Inc., 5 East 44th Street, New York 17, N. Y. It recommends two new special situations a month in securities traded over-the-counter. Summaries of all past recommendations are issued twice a month; there's a detailed review of each recommendation at least once every three months until sale is advised. Subscription price: \$125 a year.

or to lighten the debt load. And again this can lead to special benefits for those who own its securities.

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Only a few months ago, Deere & Co. came out with a proposal to exchange its preferred stock for bonds at a favorable rate. The price of the preferred stock soon jumped from \$30 to \$36.75. Many investors who saw the situ-

ation developing gained 23 per cent on their money almost overnight.

4. Mergers. When two companies merge, the stockholders of one must give up their shares in exchange for the shares of the other. If the selling company is in a strong bargaining position, its stockholders sometimes make a good profit on the deal. MORE

SPECIAL SITUATIONS, Titan Investing Corporation, 6 East 39th Street, New York 16, N. Y. It recommends twelve special situations during the subscription period (about a year). Periodic progress reports are issued on each recommendation until sale is advised. Subscription price: \$100 for twelve issues.

ITRADERS RESEARCH SURVEY, Special Situation Analysts, 120 Liberty Street, New York 6, N. Y. It issues weekly reports on trends in buying by partners of stock exchange member firms and corporate officers, on the ground that such purchases are indicators of special situations. It also recommends stocks to buy and sell. Subscription price: \$45 a year.

& Co., Inc., 5 East 44th Street, New York 17, N. Y. It recommends one new special situation a month in securities of prominent companies. And it includes a continuing review of 804 different companies. A weekly summary-index appraises each past recommendation; there's a detailed review of each at least once every three months until sale is advised. Subscription price: \$120 a year.

In 1954, for instance, Foremost Dairies announced it would take over the Golden State Company. Golden State common stock was then selling for \$25.75 a share; but Foremost agreed to pay a total of \$29.50 in Foremost common and preferred stock. Guaranteed profit for those investors who bought Golden State stock early enough: \$3.75 a share.

5. Undervalued earnings. Obviously, stock prices are extremely sensitive to company earnings. The market is quick to bid up the price of a company's stock when its profits rise. But sometimes it takes a while before the fact of higher earnings becomes widely known.

A Lost Opportunity

At the end of last year, for example, P. Lorillard was selling for about \$25 a share. In the preceding nine months, the tobacco company's earnings per share had doubled, and a new product and better manufacturing facilities promised an even brighter year ahead. A few special situation hunters saw the picture clearly and bought in. But the rest of the market barely noticed what was happening.

Once the news struck home, the price of the stock shot skyward. It was selling at about 60 by June. That's a 140 per cent gain in only eight months. ut

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Smoke Screen

6. Hidden assets. Assets are carried on the company's financial statements according to their book value. Sometimes there's a big spread between this and the assets' actual worth if they were sold on the open market. When and if they are sold, stockholders can make a killing.

In its 1949 annual report, the Climax Molybdenum Company reported that it held 25,000,000 pounds of the metal, which it valued at about 25 cents a pound. A year later, the company quietly announced that it would sell its entire supply of molybdenum. By then the Korean War was on, and the price was up to \$1 a pound.

Investors who put two and two together (and not many did) realized that the sale would triple the company's earnings for 1950. On the basis of its profits for the year, the price of the stock leaped from \$25 to \$41.

Spin-offs. An occasional company may decide to distrib-

ute part of its business assets to its stockholders. Almost always in such cases, the company is worth more in pieces than as a whole. An illustration:

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In 1948, the Panhandle Eastern Pipe Line Company organized a subsidiary called the Hugoton Production Company. A year later, Panhandle "spun off" to its stockholders some shares of Hugoton stock—one share of Hugoton for every two shares of Panhandle they held. Not long afterward, Hugoton stock reached a high of \$76. That was pure gravy for anyone who'd held Panhandle at the right time. And eagle-eyed investors could see what was going to happen months before it happened. How? By studying published financial data.

Where You Come In

Of course, all the above situations have long since worked themselves out. But others are in the making. What are your chances of finding some new ones while they're still new?

Answer: fairly slim if you try to do it on your own; but quite good if you follow the advice of professional investment men.

"I'd say the average doctor

could find a good special situation by himself about as easily as a financial analyst could set a broken leg," says Lawrence J. O'Sullivan, research editor of Forbes Inc. He points out that the facts are right there on the surface in almost all cases, and that only rarely does the news of a developing situation come from secret information or a hot tip. But, he says, you've got to know where to find the facts and how to interpret them. And this takes time and experience.

Where to Get Advice

It's hard work to sift and evaluate all available financial data. Relatively few doctors can do it themselves. But, as in most such matters, there are organizations that will do it for you: the special situation advisory services. (There are several such services. You'll find five listed on pages 76 and 77.)

There are also a few investment companies that put all or most of their funds in special situations: for example, the Atlas Corporation, the Pioneer Fund, and the Value Line Special Situations Fund. In effect, the managers of such companies hunt up your [MORE ON 168]

How Plaintiffs' Attorneys Are Pushing Up Court Awards



Gruesome medical photos,
emotional appeals to juries,
blackboard computations of
what personal injuries are worth—
these are the tactics being taught
by the National Association of
Claimants' Compensation Attorneys.
This chilling report shows what

doctors are up against in malpractice cases. And it poses this climactic question: Can society really afford to pay \$600,000 for a single person's injuries?

By Kenneth G. Slocum

"Sewer Digger Gets \$250,000 in Injury Suit."

"Rail Worker Hurt on Job Is Given \$91,000."

"Crash Changes Her Voice, Wins \$55,000."

These are headlines in Chicago newspapers; similar ones are common in other U.S. papers, of course. What's new is that the figures are getting bigger. And behind the rocketing jury awards in liability cases lie these causes:

A lawyer-organized drive, complete with Hollywood histrionics in the courtroom, to coax larger awards from wrought-up jurors. Changing judicial attitudes. Rising costs of medical care. And the general increase in Americans' earning power.

Corporate defense attorneys attribute higher awards largely to the activities of a 12-year-old group called the National Association of Claimants' Compensation At-

THE AUTHOR is a staff reporter of the Wall Street Journal. This article is condensed from that newspaper's July 7 issue by special permission. torneys. N.A.C.C.A. members there are some 5,000 of them specialize in representing complaining parties in injury liability cases.

They Blame Each Other

Defense lawyers frequently complain their N.A.C.C.A. colleagues deplete corporate treasuries by using "emotional" courtroom tactics and introducing "inflammatory" evidence which, they claim, have little to do with the liability aspect of a case.

But the professional plaintiffs' representatives pooh-pooh such accusations, and get in a few licks of their own against defense attorneys' allegedly "unfair" practices.

Arthur Mertz, counsel for the National Association of Independent Insurers, a group of 287 insurance companies, argues this way against N.A.C.C.A. members' tactics:

"Their whole technique is a colossal play on the emotions of the jury. They motivate juries to open the purse strings, not by merit of liability, but by shocking the jury with the gruesome nature of the injury. They use all the arts of Hollywood to whip people in-

to an emotional frenzy to grant a huge amount."

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For a better understanding of Mr. Mertz's complaint, listen to Melvin M. Belli, a West Coast lawyer who was former president of N.A.C.C.A., tell budding trial lawyers in a N.A.C.C.A. seminar how to employ "demonstrative evidence." In the case under discussion, Mr. Belli was representing a young girl who lost a leg in a street-car accident.

"On the first day of the trial, at the time of the opening argument," recalls Mr. Belli, "I had brought into court a large object wrapped in yellow butcher paper. I placed this down on the counsel table and left it there during the entire trial. Of course, the jury, the judge, and the opposing counsel were curious. I moved it from the side of the table to the back of the table to the front of the table, close to the jury. I picked it up and put it on one of the seats in the court room. But I never unwrapped it.

"When it came time for me to argue the case, I took the object in the paper before the jury box. It took me about five minutes to unwrap it.

"When I did, I said, 'This is what this young girl is going to have to wear for the rest of her life—this metal and the harness and the strapping and the brutality of an artificial limb, no matter how adeptly made.

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"I took the artificial limb and I asked number-one juror to handle it and then to pass it among the other jurors. I asked them to feel the fine texture of the flesh, to feel the warm blood coursing through the veins, to move the noiseless joints, to compare them with the articulating parts of their own knees.' I told them here was this great piece of scientific achievement my friend has spoken of and which anyone would gladly substitute for their own limb.

'Jury Was Convinced'

"The jury passed the member from juror to juror. All this time my plaintiff sat in the courtroom in plain view with only one natural leg. It took about half an hour for them to pass it about. I could see the verdict sealed in the looks of their faces as this limb was being passed around. Gentlemen, the jury was convinced; the trial judge was convinced. The jury was out thirty minutes."

The verdict, Mr. Belli adds, was \$100,000, despite the fact

that in a previous trial in the same case an award of \$65,000 had been set aside as "excessive."

In a recent Chicago case, a circuit court jury awarded a 52-year-old sewer digger a quarter of a million dollars for loss of a leg and other injuries suffered when he was hit by the bucket of a ditch-digging machine.

In court, Leo K. Wykell, the laborer's attorney, who attends the N.A.C.C.A. meetings regularly, projected on a large screen colored slides showing the injured leg, with bones protruding through the flesh, just before the limb was amputated.

Claims Attorney Andrew J. Farrell, who represented the defendant, a construction company: "Inclusion of the photos aroused the passions and prejudices of the jurors and everything went up for grabs. The case was decided on emotion, not logic. The award was several times larger than it should have been."

Emotion vs. Economics

Not so, counters his erstwhile courtroom opponent, Mr. Wykell. He adds: "Those color slides were no more unethical than a prosecutor showing the gun that killed a victim or the bloody pants he wore. Emotion had little or nothing to do with that decision. The verdict was the result of attempting to assess accurately the economic loss to this man. The theory of injury [compensation] is to put a man back in the same condition as he was before the accident, at least as far as is possible with money."

Sums up Mr. Wykell: "This whole thing is controversial—unless it's your leg."

They Get Results

While many companies question N. A. C. C. A. members' courtroom tactics, there's little question they are effective.

"Jury awards are the key to big bodily injury settlements, which are the most explosive element pushing up auto insurance rates," asserts Frank V. McCullough, first vice president of Continental Casualty Co. "There's no question but what N.A.C.C.A. is a factor in both bigger awards and in higher insurance rates. The outfit is teaching attorneys how to get more dollars out of every case."

Many companies' spokesmen echo an official of North American Van Lines, Fort Wayne, Ind., who says, "We are paying more on individual injury cases out of court than ever before. It's mainly because of fear of what a jury will do."

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Out-of-Court Settlements

To illustrate how this outof-court technique works, one defense lawyer flips open a brochure left with him by an N.A.C.C.A. lawyer. A large black-and-white photo shows a grinning, imp-eyed boy about 10 playing marbles. Subsequent, brilliantly colored photos suddenly thrust the viewer into a hospital room where the boy, nude and badly burned, is lying on a bed. Close-up photos show blisters, seared skin, and swollen flesh over the legs, back, chest, and neck. Behind the boy, the hospital wall is arrayed with colorful get-well cards and animal pictures, certain to evoke sympathy from the jurors.

Says the lawyer: "The insurance company took one look at these and handed over \$100,000. The industrial firm they had insured added another \$50,000. If we fought it, we were running the risk of being hit for double that. Juries get mighty emotional about boys, marbles, and burns, especially when they see pictures

like these. It wouldn't make much difference whether the defendant was actually liable or not."

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ok at 000. If in-0. If g the that. on al arns, ures Courtroom testimony with unnecessary details on gruesome operations frequently finds its way into injury liability cases, claim defense lawyers.

A sample cited by one defense attorney: "The man had a broken leg that required a metal plate, and the plaintiff's lawyer directed the doctor to explain how it was fastened. When he said, 'We drill holes in the bone and screw it down with a screwdriver,' one of the jurors fainted dead away."

The lawyer adds, "He revived long enough to vote the injured man \$13,000."

The blackboard has become one of the most effective court weapons in years, mainly through its ability to put jurors in a "computing" state of mind.

For instance, after a doctor testifies that a patient probably will have headaches for the rest of his life, the plaintiff's lawyer may ask the jurors if they would suffer a headache for some 30 cents an hour. This 30 cents multiplied—before the jurors' eyes—by twenty-four hours a day, seven days a week, fifty-two



"Now where is that hypodermic needle?"

weeks a year, with a life expectancy of, say, forty more years, comes to \$105,120, which is left in big figures for the jury to remember.

"We accept the compliment that we make effective use of the blackboard and note that both erasers and chalk are furnished insurance counsel as well as N.A.C.C.A. members in courtrooms," says N.A.C.C.A. President Perry Nichols of Miami.

Many judges still refuse to let plaintiffs' attorneys use such devices as gory photos and blackboards in the courtroom, "But more and more permit it now," insists one defense attorney.

Some jury verdicts become



"See here, Tunstall—you're just going to have to adopt a more impersonal attitude toward these things."

MEDICAL ECONOMICS : AUGUST 18, 1958

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a si not pan tion questionable, another lawyer contends, not through court tactics, but simply from the staggering sum awarded, even though injuries are fearful and the defendant's connection with the injuries seems obvious.

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Last summer, a small Chicago boy walked into a hardware store on an errand and minutes later was critically injured when the building blew up. The plaintiff's attorney charged that a power auger of Commonwealth Edison Co., drilling a hole for a pole, had ruptured a gas line of Northern Illinois Gas Co., and that negligence was involved with both firms. A jury awarded the boy \$750,000, one of the largest verdicts in history for injuries to one person. The award later was reduced to \$600,000.

Can We Afford It?

"There's no question the boy's life was virtually destroyed," concedes a defense attorney connected with the case. "It was horrible. He'll be under medical care for the rest of his life. But can society afford to pay \$600,000 for a single person's injuries? I think not. I don't think insurance companies can afford it or corporations either. We tried to show

that the boy could be maintained on \$350 a month and that a verdict of \$300,000 invested in good securities would give him an income of \$15,000 a year for life."

Publicity Brings Big Awards

Corporate defense attorneys believe the trend toward larger awards will continue. One reason: N.A.C.C.A. lawyers often receive a good deal of publicity when they win large awards for clients. A Chicago lawyer who represents many companies in liability cases, on a per-diem basis, says such publicity brings an expansion in "referral business" from lawyers in smaller cities. This, he claims, results in large jury awards-once confined chiefly to big cities-becoming more common in less populated areas.

"The N.A.C.C.A. leaders play host (at seminars) to small potato lawyers from Peoria, Bloomington, and Podunk and tell how they got big \$200,000 verdicts," claims the Chicago lawyer. "Then when some kid in, say, Bloomington gets his leg cut off, a Bloomington lawyer will get the case and refer it to the big shot in Chicago—for a split in fee, of course. [MORE ON 170]



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his may amount to snarling at the hand that feeds me. I readily confess it.

Nevertheless, it

Becomes my duty to point out that among those

toward whom I bear various malices,
Is a certain splendid surgeon who sends me his specimens

for analysis.

Now, for sending me specimens I naturally applaud him with all the strength left in my formalin-fixed fingers,

For I am the local pathologist, into whose strongbox the legal tender comes not in abundance nor long lingers.

And, however unexhilarating the segments of Mrs. Chudley's womb, by and large,

The fee for their examination does postpone my becoming a public charge.

What I do mind, though—what I absolutely throw the indignation book at—

Is that the splendid surgeon doesn't bother to tell

Mrs. Chudley he's sending that stuff to me to look at,

And that I'll render her a separate bill (thus proving to the A.M.A., the A.C.S., and the B.B.B. that he hasn't split my fee).

The result is that, six months later, having received

Murgical Colleague!

three "please remits" and three "final notices" from me, She bellows into my office, waving a snide letter from the Merchants Credit Association that came in the morning mail.

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My judo-expert secretary is out, and I am left to soothe this Dracula's Daughter alone,

A sort of thing at which I have never exactly shone.

But I try. I explain that the surgeon "occasionally" forgets to tell patients he doesn't do his pathology work in person.

But this only makes the situation worsen.

If the work was done at his request, Mrs. Chudley roars, let *him* pay the bill.

And she adds that she's had her fill

Of him and me and all other thieving doctors. So out she slams,

Leaving me to bicarb and to damns.

Oh, a pox on my surgical colleague and others of his ilk! Their perfectly terrible sense of public relations can some day make it tough for *all* of us to supply our starving children with bread and milk.

-R. H. Chappell, M.D.

How to Get Better Cafor

Some doctors manage it without aggravating the nurse shortage. They do it by writing special orders like the ones reported here

By John E. Eichenlaub, M.D.

Do your hospitalized patients get the nursing care they need and deserve? If they do, you're mighty lucky!

A recent Public Health Service survey shows that many doctors consider hospital nursing service to be grossly inadequate. For example, 44 per cent of the doctors queried said their patients have to wait too long to have their lights answered; 26 per cent said their patients don't get medications on time; 22 per cent said their patients aren't given needed help with trays, urinals, etc. Well

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Cafor Your Hospital Patients

over half the doctors reported one or more basic failures of hospital nursing service.

Why do these failures occur? The thirteen hospitals in which I've seen patients have usually had enough nurse's aides, orderlies, and practical nurses to get almost any job done. But they haven't had enough fully trained registered nurses. And there haven't been enough self-starters on the staff with enough initiative to expand a few simple orders into twenty-four hours of detailed nursing care.

- I've noticed, though, that some doctors in these hospitals have found ways to get better care for their patients without adding to the burdens of the high grade professional nurses. They write specific orders for procedures a nurse's aide or orderly can carry out. These orders are

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intended to meet their patients' physical and emotional needs, in case nobody else has time to think about them.

Such orders were especially appropriate in the most understaffed hospital I ever worked in. With an average census in the fifties, it never had more than four registered nurses on the payroll. One of these was the superintendent; the others covered the floors during the two daytime shifts. The most dependable nurse's aide had complete charge late at night. There were several nurse's aides, ranging in training from a year of supervised ward experience to mere domestic ser-

A grossly inadequate staff? I thought so. But Dr. Jason, who introduced me to this hospital, told me that he managed to get adequate service for his patients there. How? He simply worked out a way to get his patients seen more frequently.

Nurse's Aides Utilized

For obstetrical patients, for instance, he assured postpartum attention by ordering chartings on uterine size and bleeding every fifteen minutes. "I had to teach the nurse's aides how to feel the top of the uterus," he told me. "But it was worth it. Now I can be sure that someone looks in on my patients often enough so that they won't bleed out. The floor nurse still keeps up with her work. My program doesn't interfere with her other jobs. But whenever the nurse's aide finds a soft womb or heavy bleeding, my patient gets help in a hurry."

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For medical and surgical patients, Dr. Jason developed a similar technique. He orders the charting of pulse and respirations about as often as he thinks someone ought to look in on the patient.

How They Check

"Most of our nurse's aides aren't trained observers," he told me. "You have to make them look at the patient hard and long before they'll notice anything that's wrong. That's why I get them to count respirations as well as the pulse. It's enough to make a worth-while check-up and not enough to disturb the patient."

In a somewhat better-staffed hospital, another good G.P. told me how he assures a little extra attention for his hospitalized patients. Dr. Harbeson orders simple procedures that an aide can do for certain stoical, self-effacing patients who wouldn't ordinarily ring their bells to get relief from minor discomforts. Once the nurse's aide is in the room, these patients often mention discomforts and desires previously unsuspected.

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These are Dr. Harbeson's commonest simple orders:

¶ Special perineal care for obstetrical patients after each voiding.

¶ Thorough application of a liniment to the sacrum, back, and shoulder area of bedfast patients.

¶ Hourly shifts in position when the patient is awake, with detailed charting.

In a still better-staffed hospital—one with a really alert and adequate nursing staff—you have a different problem. Standard nursing care is given as a matter of course. But the nurses can't easily get to know your patients as people, the way you already know them. So you may want to suggest ways in which nurse's aides, ward clerks, or even visitors can improve your patient's outlook and emotional state.

Selecting a few appropriate diversions for the patient may do the trick. Here are a few notations doctors have written on our own hospital's order sheet:

"May spend one hour in the solarium daily."

"Up in wheel chair two hours daily. May be pushed through quadrangle garden by visitors."

"May talk to her children from lobby telephone booth once daily."

"Rental TV, not over two hours daily."

In some hospitals, you can go even further. Have you ever noticed the pleased surprise with which patients first greet the midmorning juice cart in hospitals that provide it? A stroke of your pen can bring the same lift to any patient in any institution where extra-nourishment orders place no real burden on the nursing staff.

Unnecessary, But Nice

Have you ever noticed the snug contentment of an older patient with a hot-water bottle for his feet? Or the pleasure with which an uncomfortable woman glances at a blanket cradle that keeps the heavy covers off her feet? If you order such comforts, you may actually relieve the professional nurse of a burden: Someone else will carry the pro-

BETTER CARE FOR HOSPITAL PATIENTS

cedures out anyway, and your order relieves the R.N. of the need to determine the patient's nonclinical needs.

One last point: You can give patients a great deal more peace and quiet during their hospital stay by simple orders regulating their visitors. If you suggest the idea first to the patient, you'll often find that he'll welcome specific limits as to who can visit and for how long. That's an easy way to provide better care without making the nurses work harder.

Remember, too, that hospital workers themselves can be unwelcome visitors at times. One local internist frequently orders morning and afternoon naps for patients, with a notation asking that they be undisturbed for at least an hour each time. This order imposes a slight burden on the hospital staff, but he has found they go along with it.

What such doctors seem to have proved is that you can increase the care your patients receive in the hospital without placing an undue burden on the hospital's overworked professional nurses.

You can do it by ordering extra chartings to be sure your patients are looked at often. You can do it by ordering simple procedures to help the more reticent of your patients get their due. You can do it by ordering extra nourishment and extra activities if you think the benefits are worthwhile in terms of patient morale. And you can shield your patients from inconsiderate visitors and hospital workers.

The doctors I've talked with find that these methods make for greater satisfaction with hospital service, all without undue burdens on hospital personnel. Maybe you'll find the same.

Personal Data

The young male patient needed a urinal. So he shyly called to a student nurse: "Miss! Could you get me a-a vase?"

"Certainly," said the pretty young thing. She vanished. But in a moment she reappeared. "Tell me," she inquired earnestly: "Have you got a large or a small bouquet?"

-MORAD KIMIAI, M.D.



\$500 for the one
best original article
written by a physician and
found acceptable for publication
\$300 - \$100 for other original articles
written by physicians and found acceptable...

"For distilling something valuable out of your practice-connected experiences and putting it in writing for the benefit of doctors everywhere. . ."

Eighteen physicians won that citation last year, along with cash prizes like those listed above. Now here's your chance.

Some evening soon, some week-end, or any time before Jan. 1, 1959: Write up your ideas on one carefully limited aspect of any broad subject in our field—fees, for example, or practice management, or professional relations with other doctors.

Document your ideas with examples, anecdotes, and cases in point drawn from your own experience. The more such documentation, the better your chance of winning.

Send your article to the Awards Editor, MEDICAL ECONOMICS, Oradell, N. J.—the sooner, the better. Send in more than one article if you wish.

Please note: Manuscripts should be typed, double-spaced, on one side of the paper only, and accompanied by a self-addressed envelope and return postage. Awards are intended for articles between 1,000 and 3,000 words long. (Shorter or longer articles, if found acceptable, will be paid for at regular rates.) The editors of this magazine will be the judges; their decisions will be final.

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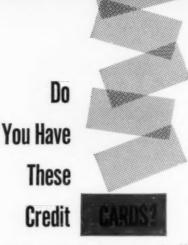
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END



They'll save you some bookkeeping; they'll bring you expense records that will satisfy revenue agents

By John M. Morris

The bulging wallet carried by the well-traveled physician these days isn't as tempting to pickpockets as it used to be. Reason: It's likely to be crammed with credit cards instead of cash. Like other people who travel a lot, doctors have discovered that such cards provide an easy way to account for how much money is spent and for what.

The credit-card company does all the bookkeeping; the card carrier later gets an itemized bill and pays it by check. "It's the simplest way for doctors to get expense records that will adequately support their tax deductions," says one medical management consultant.

For doctors who haven't yet discovered this, here are the most popular credit cards and what they cover:

1. Diners' Club credit card is good in 17,000 places

te



RELIEVES TENSION WITHOUT IMPAIRING REFLEXES

"... [Miltown] produces no behavioral toxicity in our subjects as measured by our tests of driving, steadiness, and vision."*

Relieves anxiety, tension and muscle spasm in everyday practice Miltow

- with unexcelled safety
- without impairing autonomic function

Usual Dosage:

One or two 400 mg. tablets t.i.d.

Supplied:

400 mg. scored tablets. 200 mg.

sugar-coated

tablets, bottles of 50.

Marquia, D. G., Kelly, E. L. Miller, J. G., Gerard, R. W. and Rapopert, A.: Ann. New York Acad. Sc. 67: 701. May 9, 1957.

WALLACE LABORATORIES, New Brunswick, N. J.

around the world. Most of them are restaurants and night clubs, but there are also hotels, motels, specialty shops, car and airplane rental services, some gasoline service stations, and even a national temporary-clerical-help agency. The card doesn't cover train or airline tickets. It costs \$5 a year. Extra cards for members of your family are half price.

2. Esquire Club credit card carries charge privileges in about 6,000 establishments in this country and at many short-hop vacation spots—e.g., Bermuda, Mexico, and Hawaii. It's similar to the Diners' Club card in its coverage.* Cost \$5. Extra family cards are free.

3. American Express credit card will be issued Oct. 1, and applications are being taken now. This one is similar to Diners' and Esquire Club cards. The company isn't talking yet about how many establishments have been signed up in this country and abroad. But American Express does say its cardholders will get an exclusive privilege: They may charge train, plane, and steamship tickets in American Express

offices. Cost: \$6 a year. Additional family cards: \$3.

4. Universal Travelcard offers the broadest hotel and motel credit. The 4,300 members of the American Hotel Association honor it, and they'll even cash a cardholder's check for him. About 1,500 restaurants are included in the plan. Cost: \$5 a year. (The American Hotel Credit Corporation, which issues Travelcard, is now adding more services too.)

5. Transportation cards. There are two of these—one for rail and one for air. Each is good for tickets on the major carriers. In addition, they're honored by some hotels and car-rental agencies. The Rail Travel Card (also good in dining cars) is available without charge or deposit. Although there's no charge for the Air Travel Card, you're required to deposit \$425, returnable when you cancel.

6. Oil company cards have long been used by many doctors to keep track of their car expenses. If you're driving on a trip, such a card is a handy substitute for the cash you'd otherwise have to carry for gas and repairs. Oil companies issue them without charge.

Currently, in fact, negotiations are under way for Diners' Club to absorb Esquire Club in the near future.

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ASTHMATIC, YES... INVALID, NO

for your asthmatic patient RELIABLE COMPANION THERAPY

solution

AEROLONE COMPOUND

(Cyclopentamine and Aludrine Compound, Lilly)

offers immediate relief

'Aerolone Compound' acts instantly to appease the "air hunger" of bronchial asthma, status asthmaticus, and obstructive pulmonary emphysema. Potent bronchodilators are combined in one aerosol solution to achieve unusual effectiveness without causing stimulation or significant side-effects.

Each cc. provides:

Suppli

Promoter														
'Clopane Hydrochloride'								*			*		5	mg.
(Cyclopentamine Hyd:	roc	chl	or	ide	,]	Lil	ly))						
Aludrine Hydrochloride	*									*	*	*	2.5	mg.
Procaine Hydrochloride		*								*		*	2	mg.
Propylene Glycol							*						0.8	cc.
Distilled Water, q.s.														
ied in 1-oz. bottles														

pulvules or 'Enseals'*

AMESEC provide continuous relief

Around-the-clock Amesec protection permits the bronchial asthmatic patient to enjoy even the more vigorous forms of activity. One pulvule three times a day and one 'Enseal' at bedtime usually give him a symptom-free day and a good night's sleep.

Each pulvule or 'Enseal' provides:

Aminophylline							130 mg.
Ephedrine Hydrochloride	+						25 mg.
'Amytal' (Amobarbital, Lilly)							25 mg.
Supplied in bottles of 100 and 500.							

"Enseals' (Timed Disintegrating Tablets, Lilly)

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.

MEDICAL ECONOMICS : AUGUST 18, 1958 10



With only ordinary financial resources behind him, this G.P. has given up a flourishing practice to enter a four-year residency. Here's his frank story

By Robert J. Hemp, M.D.

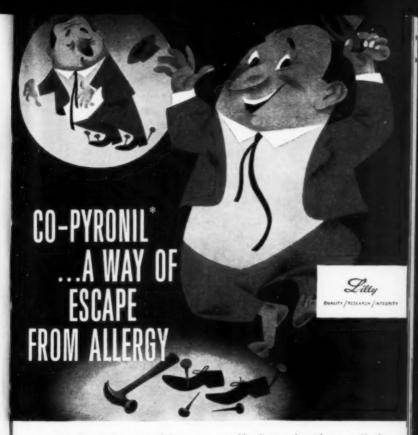
I'm sure many an established G.P. often dreams of lighting out and becoming a specialist. But few such men realize the dream. It isn't easy to give up a going practice, to spend years as a low-salaried resident, then to start practice all over again in unpredictable circumstances.

I used to be one of those daydreaming G.P.s. But I'm not now—because I've actually taken the plunge.

About a year ago, I gave up a \$30,000-a-year general

It

THE AUTHOR, who writes here under a pen name, has changed only names and identifying details in this otherwise factual account.



...acts fast to provide unusually long-lasting relief

'Co-Pyronil' combines a long-acting and a short-acting antihistamine with a synergistic sympathomimetic. It usually begins to combat symptoms within fifteen to thirty minutes and eliminates them for as long as twelve hours. Thus you can give your hay-fever patients and other allergy victims remarkably complete relief on a dosage of only 2 or 3 pulvules daily.

*'Co-Pyronil' (Pyrrobutamine Compound, Lilly)

Prescribe 'Co-Pyronil' in attractive green-and-yellow pulvules for adults; in tiny red pediatric pulvules or tasty suspension for children.

Each Pulvule 'Co-Pyronil' provides:

'Pyronil' (Pyrrobutamine, Lilly) . 15 mg. 'Histadyl'

(Thenylpyramine, Lilly) . . . 25 mg. 'Clopane Hydrochloride'

(Cyclopentamine Hydro-

chloride, Lilly). 12.5 mg.

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.





Antivert stops vertigo

(and a glance at the formula shows two reasons why)

each ANTIVERT tablet contains: Meclizine (12.5 mg.) to ease vestibular distension Nicotinic Acid (50 mg.) for prompt vasodilation

ANTIVERT is particularly useful for the relief of dizziness in the elderly. Try ANTIVERT on your next vertiginous patient.

Dosage: one tablet before each meal. In bottles of 100 blue-and-white scored tablets. Rx only.



FINANCING MY SWITCH

practice and began a four-year surgical residency at a salary of \$140 a month. I've managed the switch quite well in spite of limited financial resources. And I'd like to tell you how, in case you're wondering how doctors manage to finance such a move.

Let me begin with a few essential personal details. I got out of medical school in 1946, then spent two years as an interne and four in the Army. In 1952, my wife and I moved to a pleasant East Coast city—I'll call it Wiltshire.

There, by means of savings accumulated in the Army, a loan from an aunt, and a hefty mortgage, I bought a home and started practice. My office was installed in a wing of the house. The entire cost of this home-office was \$35,000—about \$9,000 of which went into the office.

Wiltshire had only five G.P.s for its 50,000 population. Naturally, they were all worked to death. So they welcomed me with open arms.

I did well from the beginning. The first year, I grossed \$18,500; the second year, \$22,000; the third year, \$26,000; each of the last two years, \$30,000.

But I had to work like a dog. And as the years raced along, I felt that both I and my doctoring Lilly

specify ILOTYCIN* to kill the bacteria

When patients keep coming back with repeated recurrences of respiratory infection, a bactericidal antibiotic may well be required.

'Ilotycin' kills bacteria that cause 96 percent of the respiratory infections you see in your practice. Further, 'Ilotycin' is the only widespectrum antibiotic that is reliably

bactericidal in recommended doses.

Specify 'Ilotycin' routinely for rapid response in respiratory infections and for freedom from the familiar recurrences which were so common last year.

For information about dosage and dosage forms, please see page 689 of your 1958 *PDR*.

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.
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^{**}Hotycin* (Erythromycin, Lilly)

FINANCING MY SWITCH TO A SPECIALTY

were getting ragged around the edges. So I soon began to wish I could leave the hurly-burly of general practice for a calmer, more rewarding specialty.

Actually, the part of medicine I'd always liked best was surgery. If I could switch, I kept telling myself, I'd become a surgeon.

And as the dream took hold, I made an even further choice: If I could switch, it would be to orthopedic surgery.

If . . . I was still relatively young, and I still had no children. Even so, the step I was contemplating seemed tremendous. Apart from the other uncertainties, I couldn't see where I'd get the money for it.

My wife (a wonderful girl who seems to think I know what's professionally best for me) sat down with me one Sunday afternoon to figure out our finances. We talked over the problem that afternoon and at many a breakfast and dinner and bedtime through several weeks. Here's the picture as it finally came clear to us:

We obviously couldn't manage a switch on our savings alone. Our bank account amounted to

Have You Changed Your Address?

To insure uninterrupted delivery of your copies of MEDICAL ECONOMICS, please fill out and return the coupon below:

Medical Economics, Inc., Circulation Dept., Rutherford, N. J.

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City	Zone_	State	

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CYTELLIN REDUCES HYPERCHOLESTEREMIA



Percentage reduction of excess serum cholesterol (over 150 mg. percent)

Less than 20%

20-40%

More than 40%

Percentage of patients experiencing various degrees of decline in excess serum cholesterol

12.5%

More than 40%

32.5%

... without the necessity of dietary restrictions

'Cytellin' provides the most rational and practical therapy available. Without any dietary adjustments, it lowers elevated serum cholesterol concentrations in most patients.

In a number of studies, every patient who co-operated obtained good results from 'Cytellin' therapy. On the average, a 34 percent reduction of excess serum cholesterol (over 150 mg. percent) has been experienced.

In addition to lowering hypercholesteremia, 'Cytellin' has been reported to effect reductions in C/P ratio, S_f10-100 and S_f12-400 lipoproteins, "atherogenic index," beta lipoproteins, and total lipids.

May we send more complete information and bibliography?

*'Cytellin' (Sitostérois, Lilly)

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.

D.

PREVENT both cause and fear of ANGINA ATTACKS

"In diagnosis and treatment [of cardiovascular diseases]
...the physician must deal with both the emotional and
physical components of the problem simultaneously."

The addition of Miltown to PETN, as in Miltrate, "...appears to be more effective than [PETN] alone in the control of coronary insufficiency and angina pectoris."

Friedlander, H. S.: The role of aluxazies in cardiology, Am. J. Card. 1:395, March 1958.
 Shapiro, S.: Observations on the use of suprolaunate in cardiocuscular disorders. Angiology 8:504, Dos. 1957.

Mil

Usu Dos NEW dovetailed therapy combines in ONE tablet



Miltrate

proven safety for long-term use

prolonged relief from anxiety and tension with

MILTOWN +

The original meprobamate, discovered and introduced by Wallace Laboratories sustained coronary vasodilation with

pentaerythritol tetranitrate a leading, long-acting nitrate

Miltrate is recommended for prevention of angina attacks, not for relief of acute attacks.

Supplied: Bottles of 50 tablets.

Each tablet contains: 200 mg. Miltown + 10 mg. pentaerythritol tetranitrate.

Usual dosage: 1 or 2 tablets q.i.d. before meals and at bedtime, Dosage should be individualized.

For clinical supply and literature, write Dept. 3F

WALLACE LABORATORIES, New Brunswick, N. J.

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Severe Psoriasis



Skin Cleared After 26 Days

MAZON dual therapy

With MAZON soap, the treatment of choice for Eczema, Psoriasis and other skin conditions not caused by or associated with metabolic disturbances.

Dispensed only in the original blue jar.

Belmont Laboratories, Philadelphia, Pa.

FINANCING MY SWITCH

a rather puny \$1,326. But what if we simply reduced our living expenses? Many married residents manage to get by on their salaries. Why couldn't we?

Well, we felt we could—if we'd let my sizable insurance program go by the board. But we didn't want to do this if we could avoid it. The premiums for my health-and-accident and life insurance came to roughly \$1,300 a year. If we dropped the insurance, equivalent coverage would become much more costly when the time came to reinstate it. And I might even be no longer insurable. So we searched for some other way to cut expenses.

It would undoubtedly help if we lived in a very small apartment during my residency. But this would mean either storing or selling most of our houseful of furnishings. Storing would be expensive. And we'd take a big financial loss if we sold. Besides, we owned a number of comfortable and massive heirloom pieces. We didn't like the idea of parting with them.

At last we decided there was only one satisfactory way to finance my project: We'd have to sell our home.

As I've said, the original cost of the house and its built-in office had been \$35,000. In the

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the clue is in the crystals-

more than 5 times as adsorptive as kaolin

... crystals of Claysorb*, showing the tremendous surface area for adsorption. Because of Claysorb and its great adsorptive property, POLYMAGMA Plain rapidly removes intestinal bacterial toxins and irritants. Refreshing to the taste. POLYMAGMA Plain also soothes and protects the irritated mucosa; acts quickly on a low-dose regimen to restore normal intestinal function. (For infectious diarrhea. POLYMAGMA—same formula plus dihydrostreptomycin sulfate and polymyxin B sulfate.)

MORE EFFECTIVE ANTIDIARRHEAL



lymagma





"Why, she hasn't eaten this way in months."

"And she looks like a million."

Wetzel et al. found that "clinical changes after B₁₂ administration were those of increased physical vigor, alertness, better general behavior, but above all, a definite increase in appetite."

-Science 110:651 In another study, Chow compared children to whom B_{12} had been administered orally with a control group. He found that "the mean gain in body weight of the experimental group was practically twice that of the control group."

-J. Nutrition 43:323

The value of B_1 in combating anorexia has been long established.

TROPHITE *for appetite

The delicious high potency combination of

B₁₂ (25 mcg. per teaspoonful) B₁ (10 mg. per teaspoonful)

Smith Kline & French Laboratories, Philadelphia

FINANCING MY SWITCH

first two years of my practice, I'd put another \$8,000 into remodeling and modernizing. It was now a perfect arrangement for a doctor-but, obviously, only for a doctor.

We realized we'd have to take a big loss on it if we sold it to a nonmedical man, since it would cost a barrel of money to convert the office portion back to living space. So our best bet was to interest some other physician in buying the place. We felt sure that a doctor would be willing to pay something over \$40,000 for it, if we could find the right man.

And what about my practice? At no time did I even consider selling it; I was determined to give it to whoever bought the house. Some of my professional friends thought I was crazy. But I figured it this way:

For the good of the community, my ideal successor would undoubtedly be a young G.P., not an already established man. He probably wouldn't have much money. But he'd somehow manage to meet my rather high price for the house if a ready-made practice went along with it. (My practice, remember, was annually grossing three-fourths of the sale price.)

And what would happen if I did ask an additional few thou-

America's Most Popular Nurser



Mrs. David VanDeveer of Library, Pa. feeding baby son David Wayne.

evenflo

makes happy babies

Baby is so much happier when he enjoys his bottle, feeds as fast or as slow as he wants. Evenflo's patented self-regulating Twin Air-Valve Nipple makes formula flow evenly, adjusts to your baby's feeding speed. Just a twist of the sure grip-no slipcap speeds or slows the flow. No wonder babies fed with Evenflo Nursers are healthy, contented babies.

Mothers find widemouth Evenflo bottles easier to fill and clean, and the sanitary sealing of nipple inside bottle is so convenient for storing or carrying.

Because it is easier to nurse and handier to use, more mothers use Evenflo than all other nursers combined.

25¢ Complete Unit 10¢ Nipples



evenflo

Everything to feed your baby

EVENFLO RAVENNA OHIO

MEDICAL ECONOMICS · AUGUST 18, 1958 113

sand dollars for the practice? I'd surely have a harder time finding a buyer. And once I applied for a residency and prepared to move away, the practice might disintegrate and become worthless. Then the property itself would become less desirable. I wasn't willing to take the chance.

Having decided what to do on all the above points if I switched to a specialty, I took a deep breath and made the big decision: I'd do it!

So in the summer of 1955 I set to work on a timetable.

The Long Haul

It would take another year of practice to clear up my remaining debts, apart from \$12,000 still owed on the house mortgage. Then I'd need a year of intensive saving to build up a prudent nest egg for the long haul ahead. So I felt I should plan to enter a residency two years from then—in July, 1957. And I would put in my application early in September of 1956, since residencies for the following year are usually settled sometime in October.

The rest of the timetable I arranged (hopefully) as follows:

¶ Advertise the sale of the house—early December, 1956.

Complete all legal matters pertaining to the sale—early April, 1957.

¶ Arrange for living quarters in the new location—April, 1957.

¶ Have my successor come to associate with me in order to meet my patients and learn my practice-management methods— May, 1957.

¶ Send a letter to all patients, formally announcing my departure from Wiltshire—May, 1957.

¶ Leave for the new location —mid-June, 1957.

With the timetable completed, I was ready to get going. But I let my plans be known to only a few close friends. My reasons for such discretion:

First, I wanted to put off the emotional upsets that were bound to come when we said good-by. Secondly, I was afraid my practice would fade away if rumors about my eventual departure started flying two years in advance.

So my wife and I kept mum while quietly putting the timetable in operation. First, we started to economize. We hadn't been living extravagantly. But it was surprising how much we could save once we really tried. Our biggest economy: I let my a se

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Published Report* on PSORIASIS

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RIASOL* showed benefit in 97% of a series of cases of psoriasis, as reported in a recent article*.

Relief of itching, Reduction of scales, Fading of red patches, Side-effects, none 94% 91% 92%

These safe and satisfactory results with RIASOL can be duplicated in your own practice. Many physicians are using RIASOL as their standard treatment for psoriasis.

RIASOL contains mercury 0.45% (alterative) chemically combined with soaps for deeper penetration, phenol 0.5% to allay itching, and resol 0.75% as an antiseptic to loosen idherent scales.

Applications every night before reiring are recommended. A thin film s applied after bathing and drying the skin. No bandage needed. Availble in pharmacies or direct in 4 and 8 fld. oz. bottles.

Ant, M., Local treatment of psoriasis, including a eview of medical literature, M. Times 85:1397, Dec.) 1957.

T. M. Reg. U. S. Pat. Off.

Test RIASOL Yourself



May we send you professional literature and generous clinical package of RIASOL. No obligation.

Write

SHIELD LABORATORIES
Dept. ME-858

12850 Mansfield Avenue Detroit 27, Michigan



BEFORE USE OF RIASOL



AFTER USE OF RIASOL

RIASOL FOR PSORIASIS

secretary-receptionist go, and my wife took her place.

Right on schedule, I cleared up the last of my debts (except the mortgage). And we started building up the nest egg.

Shortly after Labor Day in 1956, I applied for a residency at the hospital where I'd interned. Three weeks later, I was accepted. And so I was at last ready to put my property on the market.

Because I hoped to sell it to a fledgling G.P., I intended to ask for a relatively low down payment—\$7,000. But a banker-friend tried to talk me out of such "charity," as he termed it. He insisted that a down payment of \$15,000 to \$20,000 was an absolute requirement for a house that sold at \$42,000 (my asking price).

It seemed to me that very few young doctors could scrape up that much cash. So I stuck to the \$7,000 figure, even though my friend explained that no local bank would consider granting a mortgage of \$35,000 on a \$42,000 house.

Finally, he suggested that the arrangement be strictly between me and the purchaser, with no outside mortgaging. Such a plan, he said, is called a "purchase

agreement" or "contract to purchase." I agreed, and he helped me devise the following arrangement:

Terms of the Sale

- 1. The down payment would be \$7,000.
- 2. The \$35,000 balance would be paid off in monthly installments including 5½ per cent interest. The purchaser would be taking over a going practice and would be almost certain to do well. So we set the proposed monthly payments at \$450.
- 3. Title to the property wouldn't pass to him until he'd paid me the balance in full. So the taxes, water bill, fire insurance premiums, etc. would also be paid to me in monthly installments.
- 4. At any time, the buyer could arrange outside financing if he wished, and thereby obtain clear title to the property.
- Payment in full must be made to me within four years.
 This would insure my having the money available when I finished my residency.

Now I was ready to advertise the house for sale. There were three logical places for the ad: (1) the Journal A.M.A.; (2) the

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vaginal moniliasis, trichomoniasis or both

new specific monliacide MICOFUR" is combined with established specific trichomonacide FUROXONE' in

RICOFURON

AGINAL SUPPOSITORIES AND POWDER

S CLINICAL CURES. In 219 patients with either trichomonal vaginitie, sallial vaginitie or both, clinical cures were secured in 187.

S CULTURAL CURES. 157 patients showed negative culture tests at months' follow-up examinations. Patients reported rapid relief of burning ditching, often within 24 hours.

inple two-step treatment awiftly brings relief and introl of vaginal moniliasis and trickomoniasis.

TEP 1 Office administration of Thicopuron Vaginal POWDCE IMPROVED least once weekly.

TEP 2 Home use of TRICOFULON VAGINAL SUPPORTORIZE IMPROVED the patient, 1 or 2 daily, including the important menetroal days.

Subject results of 12 independent clinical investigature. Data available on request

NEW: Box of 24 bullet-chaped suppositories, each

al 12 wedge-shaped suppositories without applicator.

WDER: 0.5% Micofur, 0.1% Puroxone. Plastic insuffator, 15 Gm.

[ROFUGANS— a new class of antimicrobials—neither antimistics new sulfonamides

TOR LABORATORIES, NORWICH, NEW YORK

FINANCING MY SWITCH TO A SPECIALTY

state medical society journal; (3) near-by hospitals with house staffs. (I chose twenty-four such hospitals from those in the annual interneship and residency issue of the Journal A.M.A.)

Home-Office for Sale

After studying the classified "For Sale" ads in several issues of the Journal A.M.A., I composed my own. Here it is as it appeared in that publication:

Modernized home with attached office, suburban area; open-staff hospitals; terms available, with unusually low down payment; purchaser, at no extra cost, will take over general practice now grossing \$30,000 annually; owner specializing July, 1957; will introduce successor after May 1, 1957. Box 0000, c/o A.M.A. I inserted much the same ad in the state journal. And I sent it to the administrators of the twenty-four hospitals on my list, along with the following letter:

To the Administrator:

I would be grateful if you could have the enclosed advertisement posted where your internes will see it. MORE



THERAPEUTIC FORMULA MULTIVITAMINS THERAPEUTIC MULTIVITAMINS PLUS MINERALS BOTH FORMULAS AND AVAILABLE IN THE NEW ABBOTT TABLE BOTTLE HETS

MEDICAL ECONOMICS · AUGUST 18, 1958 119

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FINANCING MY SWITCH TO A SPECIALTY

For obvious reasons, I prefer to be reached through the journal of the state medical society rather than by direct mail. Therefore, please do *not* post this request along with the notice.

Very many thanks in advance for any consideration you may give this matter.

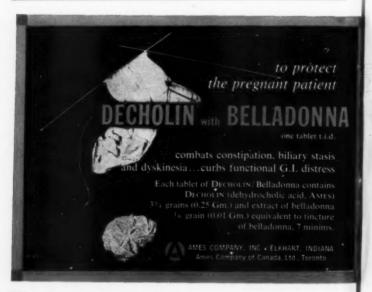
> Yours truly, Robert J. Hemp, M.D.

The response to my ads was very satisfactory: I got seventeen replies. But, surprisingly, not one came from a hospital. Why? Your guess is as good as mine. Maybe

those administrators wanted to keep their internes around for a while.

Of the seventeen inquiries, six seemed well worth following up. Soon I closed the deal with a pleasant and highly recommended young G.P. named Philip Hanover, who'd just finished his stretch in the Army. We arranged the financial terms exactly as I've described them. And on May 1, 1957, having temporarily parked his wife and two children with inlaws, Dr. Hanover arrived to associate with me.

A little before he came, I told





till the sky tipped over...

then down she came into the brambles and sharp gravel and her dress was torn and there were cuts and scratches...along with smudges of dirt

moral of the story: falling from a swing is bad even for a rag doll . . . and when real children are hurt at play, topical infections often follow.

to prevent and control topical infections

prescribe NEO-POLYCIN

... because it provides the 3 preferred topical antibiotics

Neomycin Polymyxin Bacitracin



PITMAN-MOORE COMPANY DIVISION OF ALLIED LABORATORIES, INC., INDIANAPOLIS & INDIANA



In the unique Fuzene® base which releases greater antibiotic concentrations than do ordinary grease-base ointments.

Supplied in 15 Gm. tubes,

MEDICAL ECONOMICS · AUGUST 18, 1958 121

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FINANCING MY SWITCH TO A SPECIALTY

my OB cases I was giving up obstetrics and taking on an associate who'd do the delivering. I think this white lie was justified. As I've said, a too-early announcement I was giving up practice could have undermined it badly.

But a month after Dr. Hanover had joined me and been introduced around town, I sent a letter to all my patients telling them that I was leaving and that he was taking over. The letter was printed, but personally addressed and signed.

In the meantime, my wife and

I had been looking for a house in my new location. We'd hoped to be able to rent one, but we couldn't find a thing we liked. So we wound up buying a small house for \$14,000. We made a down payment of \$7,000—just what Dr. Hanover had paid me—and arranged for mortgage payments of about \$900 a year.

On the afternoon of June 15, 1957, the moving vans pulled away from our Wiltshire house and headed north. My bridges were burned.

And how's it working out? Just fine, thank you. We seem



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special advantages:

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No undesirable side reactions.
Greater economy.

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Usual dose: 1 tablet on arising, 1 before evening meal. Bottles of 50 tablets. Thos. Leeming & Co., Inc., New York 17, N. Y. *Patent applied for

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FINANCING MY SWITCH TO A SPECIALTY

to have climbed over the craggy stumbling-block of money with very little strain. My wife works as a secretary—though not to a doctor. We've got my small salary, some income from stocks, and about \$1,900 a year from Dr. Hanover.

(Yes, he is paying me \$450 a month. Yet I consider as income only his interest payments on the mortgage. The remainder represents a return of capital. Part of this is applied to my mortgage on the Wiltshire house. And I'm socking the rest away. We'll need it when I start practice again.)

We're now getting by comfortably, if not luxuriously, on the following annual income:

My salary \$1,680

My wife's salary 3,380 Interest from

Dr. Hanover 1,925 Dividends from stocks 360

Total \$7,345

I figure that my switch to a specialty will have cost me more than \$100,000 in lost earnings by the time I've finished my residency. And there'll probably be a couple of pretty lean years after that. But I have no regrets.

On a trip last summer, I was passing through Wiltshire and stopped off to see Dr. Hanover. But I didn't see him. Mrs. Hanover said he was at the hospital delivering his sixth baby in three days and was exhausted.

I knew how he felt. END

As Any Fool Could See

One night a young mother phoned me to say her child had a sore throat. But she assured me the youngster's temperature was perfectly normal—she'd checked it several times. So I instructed her on care for the night and told her to bring the child to my office the next morning.

When she did, I found the child had a severe tonsillitis, and a fever of nearly 105. I handed the thermometer to the mother and asked her to read it. Her reading: 98.6.

I asked her how she determined this. "Why," she said, "by the arrow, of course. It's pointing exactly to 98.6."

-J. T. TURPIN, M.D.

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Moyer, J. H., et al.: South. M. J. 50:499, 1957.
 Smirk, F. H., and McQueen, E. G.: Lancet 2:119, 1955.
 Winton, S. S.: Internat. Rec. Med. 170:665, 1957.
 Malamud, W., et al.: Am. J. Psychiat. 114:193, 1957.

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 Van Gasse, J. J., and Miller, R. F.: Current Concepts on the Etiology and Management of Atherosclerosis, Scientific Exhibit, A.M.A. Meet., June 3-5, 1957, New York.



Don't Sell Yourself SHORT!

When talking with patients, do you ever belittle your own services? If so, you may be undermining your fees, this M.D. warns

By William MacDonald, M.D.

I know a doctor whose favorite expression is "There's nothing to it." He's apt to use the phrase when treating a patient, when recommending an operation, or when responding to a patient's thanks. He probably doesn't realize how often he says it—and how often it makes patients raise their eyebrows when they get his bills.

"If there's nothing to it," one of his patients commented recently, "then why does he charge so much?"

The strange thing is, this doctor's fees are actually lower than those of many colleagues. But by belittling his own services, he creates the impression that they aren't worth what he charges. And I have a hunch that a good many other M.D.s stir up similar fee resentment by the casual phrases they sometimes use.

The other day I watched a young surgeon suturing an old man's hand. The patient was nervous; and in trying

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alogy

DON'T SELL YOURSELF SHORT!

to soothe him, the surgeon said: "It's just a small cut."

Quite obviously, the surgeon was minimizing the old man's trouble. In the process, he was also minimizing his own services. Fixing a "small cut," as the patient later looks back on it, will probably seem to rate no more than a trifling fee.

Recently, too, a family doctor was trying to convince a hesitant housewife that she needed an appendectomy. "It's really a simple procedure these days," he told her.

The woman went through with it. But she remembered the doctor's words when she got his subsequent statement. "I can't see why a simple procedure should cost as much as \$175," she com-

plained to her husband. She still hasn't paid the bill.

Many an M.D. gets so adept at certain procedures that he tends to view them as routine. But if his words convey this attitude to the patient—well, then who wants to pay more than a routine fee?

What to Tell Him

Don't get me wrong: I'm not suggesting that you ever capitalize on the patient's fears. I am suggesting that you:

Tell the patient as much about his case as your time and his intelligence allow. If surgery is indicated, let him know that there's always some danger, but that vast precautions are being taken.

¶ Describe as many of the factors behind your treatment as you can. In other words, let the patient know what he's getting for his money.

¶ Banish from your conversation such casual phrases as "There's not the slightest cause for concern," "All you need is a prescription," and "Nature takes care of conditions like this." With such phrases, you're simply underrating the value of your services.



A STORY - by Lucy Jones



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"Mommy had such an awful ache she had to go to bed"



"So I had to make dinner for Daddy. I even got the pills our doctor ordered"



"Then the pain went away real fast — almost before I finished the dishes"

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AND THE PAIN WENT AWAY FAST



"Now Mommy is fine ... and she said I could help cook ... but Daddy said just the tea"



Doctor-Farmer Upsets Uncle Sam



Whenever the Government tries to tell him what he can and can't do with his wheat, this doctor battles back. 'Matter of principle,' he says

By Robert L. Brenner

"Want to win the fight against Federal control of medicine? Then fight Government controls and intrusions wherever you find 'em. I've been doing my bit for four years, and I hope to go right on doing it."

Who's the speaker? Dr. P. Scott Whiteleather of Minerva, Ohio. What's his "bit"? He has been waging a one-man battle against Federal attempts to impose wheat-acreage restrictions on a small farm he owns. As a result, he has become something of a hero in his home state.

Minerva is a small farm community. The doctor was sorn and raised in the town and has been a very busy

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School

general practitioner there since 1934. But farming's in his blood. ("Guess I've still got mud under my fingernails," he says.) So some years ago he bought a 150acre farm a few miles from his office.

He and his son have a good time running the farm. It's a refuge from the G.P.'s heavy practice; and it used to earn a little money too. But what's been happening there since 1954 makes the doctor see red.

Just four years ago, the U.S. Department of Agriculture slapped a \$640 fine on him. The reason: He'd planted sixty acres of wheat, and the Department had allotted him only forty-five. ("That was the first I'd heard about Federal acreage controls,"



"He's been working on it for years. But so far the best he's come up with is a ragweed that's allergic to people."

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DOCTOR-FARMER

Dr. Whiteleather recalls. "I'd never even suspected that the Agriculture Department had authority to level fines arbitrarily. I got mad!")

He Refused to Pay

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The fine was later reduced to \$420. But that didn't mollify the doctor. "I think I'm as loyal an American as anyone," he explains. "But I don't believe the Government should be empowered to tell a man how to run his business, whether it's a medical practice, a farm, or anything else. I refused to pay the fine."

What-Again?

In spite of his irritation, he maintains, he thereafter abided by the Department's acreage allotments. The Government apparently didn't think so, though. In 1955, he was accused of having seeded all his 150 acres in wheat. This charge was dropped after Dr. Whiteleather pointed out that some sixty acres of his farm were covered by a thick stand of timber. But in 1956 he was ordered to pay \$155 for having again exceeded his allotment.

What do you do when you're fined under a Federal regulation you don't believe in for offenses you insist you haven't committed? If you're Dr. Whiteleather,

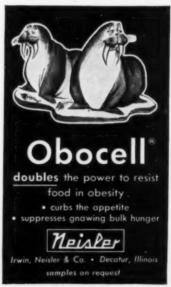
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DOCTOR-FARMER

you sit on your pocketbook and wait. Let him tell what happened next:

"The thing came to a head early this March, when two Federal deputies from Cleveland turned up to collect the fines. I said I wouldn't pay. So they took away the car I use in my practice. They'd have taken the family car too, except that my wife was out of town with it at the time."

Dr. Whiteleather made the rest of that day's house calls in a hot rod. "My son has a strippeddown 1939 Chrysler, and I used it till my wife got home with our other car," he explains. But something else happened on the day the deputies came: The townspeople of Minerva showed their doctor they were solid'y behind him in his battle.

Rolling in Cars

"The deputies drove my car away at about 5:30 P.M.," he relates. "Before I went to bed that night, fourteen different people had offered me cars to use as long as I wished. In addition, a local automobile dealer and every garage in town offered to lend me a car free of charge."

From that moment on, the doctor's neighbors and friends have kept rallying round. For instance, consider what happened

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Of 83 cases with stubborn allergic disease, 32 patients definitely improved when Miltown was added to conventional therapy.*

*Eisenberg, B. C.: Role of tranquilizing drugs in allergy, J.A.M.A. 163:934, March 26, 1867.

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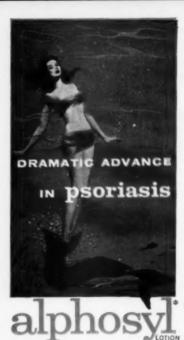
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(1) Flesch, P.: Reported Conf. N.Y. Academy Science May 9, 1958 (in Press). (2) Bleiberg, J., and Saltz-man, J. A.: Clin. Med. 5: 485 (Apr) 1958. (3) Bleiberg, J.: Reported Conf. N.Y. Academy Science May 9, 1958 (in Press). (4) Clyman, S. G.: Reported Conf. N.Y. Academy Science May 9, 1958 (in Press). *Trademark

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DOCTOR-FARMER

in April of this year, when Department of Agriculture agents came to measure Dr. Whiteleather's latest wheat planting. The incident made headlines in major newspapers throughout Ohio; and it was covered on the spot by two television and several radio stations. Here's Scott Whiteleather's account of it:

"I was notified by registered letter that Federal agents would come to measure my wheat on April 1 at 2 P.M. I decided then that I wouldn't let them set foot on my land unless they had a court order forcing me to. And I



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DOCTOR-FARMER

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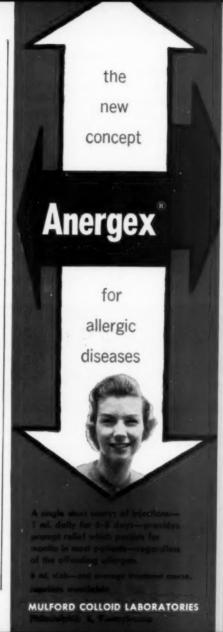
"By 2 P.M. on April 1, there were ninety-eight carloads of people gathered on my farm. They came from all over—local farmers, townspeople (many of whom are long-time patients of mine), and farmers from neighboring counties. They've all had this same problem of acreage restrictions, and they wanted to be around in case of trouble.

A Bad Day for It

"A carload of Agriculture Department agents showed up right on time. But I guess the crowds made them a little nervous. They didn't stay long. And they didn't set foot on my property, either.

"I walked to the highway with the local sheriff to meet them when they drove up, and I asked if they had a court order. They said they didn't. So I replied: 'Then I don't think today would be a good one for you to try to measure my wheat acreage.' And they must have agreed with me, because they seemed quite happy to get back in their car and drive away."

The Federal men still haven't measured Dr. Whiteleather's latest wheat planting. Instead, they've asked a Federal court to rule on whether a farmer can legally require agents to have a



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DOCTOR-FARMER UPSETS UNCLE SAM

search warrant before setting foot on his property.

The matter of the two fines and the impounded car will also get a court hearing. Dr. White-leather got the car back in May, after posting a \$1,000 bond. But he has asked for a ruling on whether the Agriculture Department's fines were legal.

What will he do if he loses out in court? He says he may sell the farm: "I can't operate it profitably under the Government's regulations. And I have to obey the courts. So if the decisions go against me, I guess I'm out of

luck as far as the farm's concerned."

But no matter what happens, he believes his fight has been worthwhile. "It's everyone's duty to buck the trend toward more and more Federal controls. I feel I've been doing my duty," he comments.

Ohio's farmers evidently agree with him. Last year, one of their organizations, the Independent Farmers of Ohio, elected him its chairman. "Scott Whiteleather won't sell his farm," says one member. "If I know him, he'll keep right on fighting."

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Don't Get Hooked by These Petty Racketeers!

Doctors are still the most appetizing dish for stock swindlers, phony collection agents, and such. Here's how to avoid swallowing their bait

By Edwin N. Perrin

It used to be that the private citizen who minded his own business didn't meet many racketeers, even petty ones. If you stood around Brooklyn Bridge with a pile of greenbacks in your hand—or spent your evenings with small, leathery characters who knew where there was a "fortune" in Canadian oil—you met plenty of them. Otherwise, you were pretty safe.

It's a different story now. The grifter and the smalltime racketeer come and look for you these days. They know where to find you; and they know whether you're worth finding.

For example, are you one of the 61,000 most successful doctors in America? Then your name, address, and phone number are on a special list that anyone can buy. It costs \$17.50 a thousand names. And the purchaser can



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DON'T GET HOOKED BY RACKETEERS!

get a breakdown by specialty at no extra charge.

Such lists have perfectly legitimate uses. But they can be—and are—badly misused by sharpers. So, with physicians generally admitted to be prime targets for the easy-money boys, it makes sense to take precautions. Four types of racket in particular have been in the news lately. Here's what they are—and how to guard against them:

1. Stock swindles. The newest thing in stock swindles is the "respectable" tip over long-distance telephone. This is a game worked only by men with educated voices. Sitting in his one-room office in, say, Chicago, the



"For the last time, Miss Fogelbrod, I don't care how you fixed your brother's leg in 1928!"

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- restores natural sleep and reduces depressive rumination and crying

DOCUMENTED SAFETY

Deprol is unlike amine-oxidase inhibitors

- ► does not adversely affect blood pressure or sexual function
- ➤ no excessive elation; no liver toxicity

Deprol is unlike central nervous stimulants

- ► does not cause insomnia or depress appetite
- ➤ no amphetamine-like jitteriness: no depression-producing aftereffects

Desage: Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to 8 tablets q.i.d.

Composition: Each

tablet contains 400 mg. meprobamate and 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCD.

Supptied: Bettles af 50 scored tablets.

TRADE-MARK CO-7470

1. Alexander, L.: Chemotherapy of depression-Use of meprobamate combined with benactyzine (2-diethylaminoethyl benzilate) hydrochloride. J.A.M.A. 166:1019, March 1, 1958. 2. Current personal communications; in the files of Wallace Laboratories.

Literature and samples on request

WALLACE LABORATORIES, New Brunswick, N. J.

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RACKETEERS

smooth-talking swindler picks the name of a prosperous G.P. in Iowa, for example, off his list. Then he puts in a person-to-person call. In a low, urgent voice he identifies himself: "This is Hammond Phelps of Phelps, Doe, and Smith, Chicago." He goes on to outline a molybdenum strike they've just made in Alaska. And then:

No Time to Lose

"Right now I can get you and a few other leading Iowans a thousand shares at recession prices, 50 cents a share," he says. "If it's not worth \$2 a share in six weeks, I'll buy it back from you myself. But you've got to act right now. Are you interested?" At this point he pauses expectantly.

Ordinarily, the doctor would call his bank or broker before he made any decision about an investment. But there's no time now. And what can he lose? Only \$500. So he plunges. His check goes out to Hammond Phelps in the next mail.

A Bigger 'Opportunity'

Sure enough, the stock does reach \$2—and in only three weeks. The sharper calls the G.P. again to give him the news. "It's bigger strike than anyone



Amusing . . . Amazing . . . Embarrassing . . .

No doubt one of these adjectives describes some incident that has occurred in the course of your training.

Why not share the story with your colleagues?

If it's accepted for publication, you'll receive \$25-\$40 for it.

Contributions must be unpublished. They cannot be acknowledged or returned. Those not accepted within ninety days may be considered rejected.

Address: Anecdote Editor, MED-ICAL ECONOMICS, Oradell, N.J.

HYDRA



Delicious food for therapy ... high quality protein, with all essential amino acids, nine vitamins, plus folic acid, choline, inositol, Desiccated liver, calcium, phosphorus, iron and iodine.

Recommended for pre-and-post-surgical build-up, pregnancy and lactation geriatrics. Proved efficient in weight reducing regimen. Most appealing in taste.

Samples and literature on request.



Serving the Medical Profession Since 1929 150 MEDICAL ECONOMICS · AUGUST 18, 1958

RACKETEERS

dreamed," he says. "It'll be in the papers any day now. But if you act this minute, I think I can get you another 3,000 shares at \$2.25 a share." Mesmerized by the important-sounding voice. the doctor rapidly starts selling good bonds and buying bad shares of molybdenum. Before long, he's out several thousand dollars. And Hammond Phelps is nowhere to be found.

Big Business

With only identifying details changed, the story of Hammond Phelps is a real one. As far a anyone knows, this man is still operating (though not from tha same Chicago office, of course) In 1957 he and his kind cleaned up an estimated \$60,000,000 i stocks alone. They also did a equivalent business in remote control-and nonexistent-rea estate. They'll probably continu in the big money this year.

How do you keep them from getting any of yours? The rula are easy:

Three Precautions

First, never buy stock on the Copyrig spur of the moment. An issu that's a good buy one day is pre ty sure to be an equally good bu for sim the next day, or the next week R Tyle If you're told you have to get

XUM

Tyle

When fever and aches have little "Tyler" corralled...





gets him back on the trail

Tylenol rides hard on pain and fever...makes childhood illnesses easier to bear for both youngsters and mothers.

The *first* pediatric dosage form of acetaminophen, Tylenol reduces fever and relieves pain quickly, safely and without upsetting queasy young stomachs. Children like the cherry flavor of Tylenol Elixir...and Tylenol Drops make administration easy even for infants.

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Tylenoi Elixir — 120 mg. (2 gr.) per 5 cc.; bottles of 4 and 12 fl. oz.
Tylenoi Drops — 60 mg. (1 gr.) per 0.6 cc.; 15 cc. bottles with calibrated plastic dropper.

Currently appearing in leading medical journals

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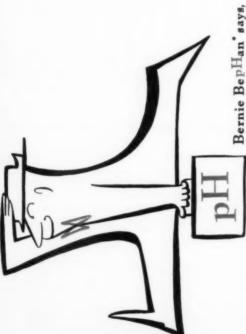
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Be pHan Spacetabs® for fast and sustained antispasmodic-antacid action-stops heartburn, gastritis, ulcer-pain syndrome, heartburn of pregnancy, etc. Day-long/night-long protection with convenient dosage: just one BepHan Spacetab, chewed morning and evening. Each contains: Bellafoline® 0.5 mg., Aluminum hydroxide +

Glycine 450 mg., Magnesium Oxide 60 mg.

.T.M. Applied for

"now or not at all," watch out.

Secondly, don't buy a stock merely on the basis of a word-ofmouth tip unless it comes from an officer of the company who is also your twin brother-and maybe not even then. When inside information starts reaching outsiders, it's because it was meant to. And it usually comes from someone who has his eye on the inside of your safe deposit box.

Finally, check before you buy. The average doctor isn't going to call up the Better Business Bureau every time he meets a new stock salesman or investment counselor (though it might be a good idea if he did). But he can easily check up on a man's reputation through his bank. It doesn't take long; and it costs nothing.

The above rules are simple. If every doctor followed them, the current recession would become a real depression for at least one type of confidence man.

Full of Promises

2. Fake collection agencies. Such agencies are practically a medical specialty. It's probably

RELAX on a pleasure-packed WEST INDIES CRUISE

Combine rest with gay entertainment on lovely ships built for magnificent cruising. Enjoy famed Swedish American Line cuisine and service.

OCT. 3, 1958-M.S. KUNGSHOLM To Havana. 7 Days; Rates from \$175.

OCT. 11, 1958-M.S. KUNGSHOLM To San Juan, Ciudad Trujillo, Havana, Nassau. 12 Days; Rates from \$300.

OCT. 24, 1958-M.S. KUNGSHOLM To St. John, St. Thomas, San Juan, Nassau. 10 Days; Rates from \$255.

NOV. 4, 1958-M.S. KUNGSHOLM To St. John, St. Thomas, San Juan, Nassau. 10 Days; Rates from \$255.

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To Trinidad, La Guaira, Puerto Cabello, Curacao, Cristobal, Havana. 16 Days; Rates from \$400.

DEC. 20, 1958-M.S. GRIPSHOLM

To Trinidad, La Guaira, Puerto Cabello, Curacao, Cristobal, Havana. 16 Days; Rates from \$465.

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To Havana, San Blas, Cristobal, Cartagena, Ciudad Trujillo, San Juan, Nassau. 16 Days; Rates from \$450.

FOUR SPECIAL CRUISES FROM WILMINGTON, N.C.—M.S. STOCKHOLM OCT. 28, to Havana, Nassau; 6 days; From \$125. NOV. 5, to Bermuda; 5 Days; From \$115. NOV. 11, to Havana, San Blas, Panama, Curacao, La Guaria, St. Thomas, San Juan; 15 days; From \$325. NOV. 28, to San Juan, St. Thomas, Ciudad Trujillo, Nassau; 10 days; From \$225.

For information and reservations, see your Travel Agent or

SWEDISH AMERICAN LINE

636 FIFTH AVENUE

NEW YORK 20, N.Y.

DON'T GET HOOKED BY RACKETEERS!

true that no part of the country is without one. They thrive by promising what no one could possibly deliver, and by getting very well paid for not delivering it.

Typical is the experience of a Texas internist. He didn't use collection agencies much. When he did, he generally employed a local firm that split the proceeds fifty-fifty. Then, one day, a clear-eyed young man came to see him. The young man explained that he represented a big collection agency with headquarters on the West Coast. "We specialize in medical accounts, Doctor," he said. "And because of our special techniques and of the big



"Mrs. Cowley! What did I tell you about watching the late-late show!"



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e big

PUT MORE ANTIBIOTIC TO WORK-FASTER-WITH

IN RESEARCH: PEAK BLOOD LEVELS

AND NOW IN PRACTICE: SWIFT PATIENT RECOVERY WITH EXCELLENT TOLERATION

COSA-TETRACYN'

glucosamine-potentiated tetracycline Capsules (black and white) 250 mg. and 125 mg.; Oral Suspension (orange flavor), 125 mg. per 5 cc. teaspoonful.

COSA-SIGNEMYCIN'

triacetyloleandomycin and glucosamine-potentiated tetracycline

Capsules (green and white) 250 mg. and 125 mg.

COSA-TETRASTATIN'

glucosamine-potentiated tetracycline with nystatin Capsules (pink and black) 250 mg. Oral Suspension (orange-pineapple flavor), 125 mg, tetracycline, 125,000 U, nystatin per 5 cc. teaspoonful.

COSA-TERRAMYCIN+

oxytetracycline with glucosamine Capsules (yellow) 250 mg. and 125 mg. Oral Suspension (peach flavor), 125 mg. per 5 cc. teaspoonful.

(Pfizer) SCIENCE FOR THE WORLD'S WELL-BEING

PFIZER LABORATORIES, Division, Chas. Pfizer & Co., Inc., Brooklyn 6, N. Y.

References: 1. Welch, H.; Wright, W. W., and Staffa, A. W.; Antibiotic Med. & Clin. Therapy 5:52 (Jan.) 1958, 2. Carlozzi, M.; Antibiotic Med. & Clin. Therapy 5:16, (Feb.) 1958, 3. Nathan, L. A.; Arch. Pedint, 7:251 (June) 1958, 4. Shabwitz, M.; Clin. Rev. & Res. Notes 2:25 (April) 1958, 5. Cornbleet, T.; Chesrow, E., and Barsky, S.; Antibiotic Med. & Clin. Therapy 5:328 (May 7 1958, 6. Stoné, M. L.; Sedlis, A.; Bamford, J., and Bradley, W.; Antibiotic Med. & Clin. Therapy 3:322 (May) 1958.

low!"

Why do they in a rubber band

The next time you prescribe elastic stockings (and doctors do prescribe 2 out of every 3 purchased) remember why they put rubber in the rubber band.

Because only rubber works.

There's lots of talk these days about the new "support hose" that contain no rubber.

The name is a misnomer because they cannot give complete support. It's as simple as that.

They do stretch. But lots of things stretch. In an elastic stocking, what counts is "return-action"—the compression of the rubber trying to return to its original shape.

All-elastic stockings by Bauer & Black (with rubber in every supporting thread) provide that return-actionwith continuous, uniform compression-necessary for proper support.

51 gauge sheerness

And only Bauer & Black gives your patients a complete wardrobe of elastic stockings . . . with all-elastic hose for every type of wear (from workaday stockings to dressy 51) gauge styles), starting as low as \$3.45 each. Expert fitting available at drug, department, and surgical supply stores.



eput rubber

Answer: because nothing else is as elastic as rubber)



MEDICAL ECONOMICS · AUGUST 18, 1958 157

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In money this is the symbol for yen.



In pharmaceutical advertisements this symbol means there's a comprehensive description of the product in your copy of PHYSICIANS' DESK REFERENCE.

RACKETEERS

volume of business we do, we can afford to offer the best rates in the business. Our charge is only 30 per cent. All the rest of the proceeds we turn over to you."

He Swallowed the Bait

It sounded good. The doctor signed a contract, then forgot all about it. Three weeks and a dozen complaints from harried patients later, he hunted up the contract and read the small print with care.

The new agency's cut was only 30 per cent, all right. Thirty per cent of the total amount of each account on which it collected any payment at all! In other words, if only \$1 were paid on a \$53 account, the agency was to get \$15.90 for making the collection. In addition, there was a minimum charge of \$3 per account whether or not any collection was made. Since the internist had turned over 140 accounts, this meant that the first \$420 collected would go entirely to pay such minimum charges. And it was all perfectly legal.

No Comeback

There was nothing for the internist to do but cancel the contract and accept his losses with good grace. He got nothing (ex-

NOW...an advanced ACTH

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SIGNIFICANTLY **IMPROVED**

ORTROPHIN°-ZINC (Corticotropin-Alpha Zinc Hydroxide)

A unique electrolytic process* of manufacture gives a fine, easily resuspended aqueous suspension of Cortrophin-Zinc with these therapeutic advantages:

- * VIRTUALLY PAINLESS . . Unsurpassed patient acceptance.
- * HIGH PURITY Virtually pure ACTH with fewer mg. of foreign protein per injection.
- * RAPID ACTION New form stimulates peak adrenal output within two hours.
- . Provides ACTH activity for several * LONG ACTION days.
- * ECONOMICAL Lower total ACTH dosage and fewer injections required.

Cortrophin-Zinc is indicated in the treatment of more than 100 diseases, including rheumatoid arthritis, bronchial asthma, allergies and hypersensitivities, bursitis, serum sickness, conjunctivitis and other eye diseases, ulcerative colitis, atopic dermatitis and other skin diseases.

Ask your Organon representative or write for clinical and experimental reports substantiating these claims.

SUPPLIED: 5-cc vials containing 40 and 20 U.S.P. units of carticotropin per cc; 1-cc ampuls containing 40 and 20 U.S.P. units of corticotropin, with sterile disposable syringes.

*Pat. Pending Available in other countries as Cortrophine-Z.



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Letters To a Doctor's Secretary . . .

In this useful volume, MEDI-CAL ECONOMICS has reprinted a series of articles that provides a complete, step-bystep course of instruction for the physician's aide.

Bound between handsome, black laminated covers, with the title in gold, this convenient pocket-size book contains 75 information-packed pages. Prepaid price: \$2.

A portfolio of articles on

Partnership And Group Practice . . .

Here, reprinted, are about a dozen of the most popular articles on this subject published in MEDICAL ECONOMICS.

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RACKETEERS

cept the calls from his outraged patients). The agent was richer by several hundred dollars.

Beware of Low Rates

How can you spot the dubious agency? First, by its rates. It's generally agreed that an efficient outfit can't survive on a charge of less than 40 to 50 per cent of money collected. A typical charge would be 50 per cent on accounts of less than \$25, and 40 per cent on larger ones. An agency that claims to charge radically less is almost certain to be cutting corners.

Secondly, be wary of written contracts. Most reputable agencies don't use them. They don't need to.

Thirdly, the truly dependable collection agency is usually a local affair. Before you turn any accounts over to an out-of-state firm, check it with the Better Business Bureau of its home city. There are honest and highly efficient concerns that operate across state lines; it won't offend them to be checked up on.

A Cool Billion

3. Air conditioning dealers. As every stock swindler (and honest broker) knows, the air conditioning industry is in the middle of a giant expansion. It

Sustained tranquilizing action



sustained release

Meprospan*

meprobamate - (Miltown®) capsu

effectively relieve nervous tension and anxiety without interruption, day and night. Two capsules on arising last all day, two capsules at bedtime last all night. Exceptionally well tolerated... extremely convenient.

Dosage: 2 Meprospan capsules q. 12 h.

Supplied: 200 mg. capsules, bottles of 30.

Literature and samples on request

WALLACE LABORATORIES. New Brunswick, N. J. who discovered and introduced Miltown Reference: Baird, H. W., III.
A comparison of Meprospan (sustained action meprobamate capsule) with other tranquilizing and relaxing agents in children.
Submitted for publication, 1958.

EME-7391 TRADE-MARK

MEDICAL ECONOMICS · AUGUST 18, 1958 161

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Your own personally designed case history forms at just about stock form prices.

You design your form in rough pencil sketch - we refine it to a finished product.

Only we, the makers of famous "Histacount" products, have the know how and organization to render this service at such low prices.

WRITE FOR DETAILS PROFESSIONAL PRINTING COMPANY, INC. 10 HISTACOUNT BUILDING NEW HYDE PARK N. Y

RACKETEERS

was a billion-dollar business last year. Recession or no recession, it has done fine this summer. New and better equipment is constantly coming on the market. New—and not necessarily better -companies are constantly moving into the field.

Expensive Ignorance

The result is a grifter's paradise. Hundreds of thousands of Americans are buying equipment they don't know much about. Here's how the swindler operates:

He picks up a few hundred obsolete models. Then he advertises "Complete air conditioning for your home, only \$399." Or he sends out glowing circulars to a selected list of names. And a few hundred swelterers are stuck with units that don't cool adequately, are hard to get repaired, and perhaps leak. (A favorite stunt is to leave off the expensive copper tubing that catches the condensate.)

What It Should Cost

To avoid being caught by such thieves, remember that complete air conditioning for the average house can't cost much less than about \$700. Unless your home is already well-equipped with air ducts, the total cost is likely to

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"Keeping him well with Neohydrin is easier for him and us. He doesn't need extra potassium and we don't worry about electrolyte imbalance."

oral organomercurial diuretic

NEOHYDRIN

Prescribe NEOHYDRIN (brand of chlormerodrin) in bottles of 50 tablets.

There are 18.3 mg. of 3-chloromercuri-2-methoxy-propylurea,
equivalent to 10 mg. of non-ionic mercury,
in each tablet.

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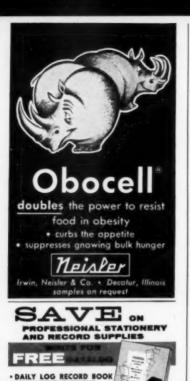
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- APPOINTMENT BOOKS

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- PATIENTS' RECORDS

- PAYMENT RECORDS

THE COLWELL COMPANY 238 University Ave., Champaign

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RACKETEERS

run closer to \$1,500 or \$2,000. Anyone who says he can do the job for much less is either a philanthropist or a liar.

Then, too, be suspicious of anyone who quotes a flat price. Even in the most standardized housing development, a house with northern exposure and a couple of trees in the yard may need entirely different equipment from its neighbor with a picture window facing south and a treeless yard. Virtually any honest contractor will insist on making a careful survey before he even begins to talk about prices.

What About Service?

Above all, don't even consider buying air conditioning from a firm that doesn't have its own service department. Every installation needs a fair amount of servicing. So the best possible guarantee of a firm's respectability isn't a piece of paper. It's a fleet of repair trucks.

Unwanted Packages

4. Senders of unordered merchandise. These are the small-timers of the rackets world. Nobody has ever been bankrupted by the kind of firm that mails you a load of unwanted spatulas or a lovely "gift" from exotic Sweden (bill to follow). But such

now Props

for infants and children up to 4 years of age

- · pleasant-tasting full vitamin support
- · in half the volume

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Engran Baby Drops Contain:

	0.3 cc.
Vitamin A	2500 units
Vitamin B	500 units
Thiamine	0.6 mg.
Riboflavin	
Nicotinamide	
Vitamin C	35.0 mg.
Pyridoxine HCI	
d-Panthenol	
Vitamin B13	3.0 mcg.

Supply: 15 cc. and 50 cc. bottles. Convenient 'Flexidose' dropper assures accurate dosage.







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'ENGRAN'S AND 'FLIXIDOSE' ARE EQUISS TRADEMARKS

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Unexcelled Effectiveness and Acceptability

for VAGINITIS

trichomonal
monilial
bacterial (nongonococcus)

MILIBIS'

Vaginal Suppositories



Average desage: 1 suppository inserted every other night before retiring, for 10 doses.



Supplied in boxes of 10 with plastic applicator.

Sanitary · Assures correct placement.

Winthrop LABORATORIES

Milibis (brand of glycobiarsel), trademark reg. U.S. Pat, Off.

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RACKETEERS

people are a nuisance. They can and should be slapped down.

Very briefly, you're not legally obligated to pay for unordered merchandise, to acknowledge its receipt, or to return it. If the sender or his agent calls for it in person within a reasonable time—probably a couple of months is "reasonable" enough—you must hand the item over. But you have a legal right to insist on being paid storage charges for the time you had the stuff. So it's highly unlikely that the sender will call for it.

If you do return it by mail, you may demand payment in advance for your time and trouble in doing so. And if the sender doesn't reclaim it within a resonable time, you may destroy it. (None of which applies, of course, if you actually accept and use the merchandise.)

Other Rackets

The above are by no means the only petty rackets going Various individuals continue to do a brisk business in worthless insurance policies, imaginary citrus groves, and condemned X-ray equipment. But if you remember to look at every hoot twice before biting at it, the chances are good that you won't be caught.

A Totally New Molecule

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- Chronic Fatigue States
- Mild Depression
- Chronic Headache
- Migraine
- [®] Neurasthenia
 - Behavior Problems and Learning Defects in Children

Auto Repressant Leaner

p-acetamidobenzoic acid sait of 2-dimethylaminoethanol

Extensive clinical trials in over 2,000 patients prove 'Deaner' to be of value in the alleviation of a wide variety of emotional disturbances. Patients who lack in energy, are mildly depressed, and find it difficult to concentrate are greatly benefited by 'Deaner'.

REPORTS FROM INVESTIGATORS

In medical student volunteers, 'Deaner' produced increased daytime energy and attentiveness at lectures, sounder sleep (with a reduction in the hours of sleep needed), better ability to concentrate on both studying and writing, decreased apprehensiveness prior to and during examinations, a more affable mood and outspoken personality.

 Murphree, H. B. Jr.; Jenney, E. H., and Pfeiffer, C. C.; Presented before Assoc. for Research in Nervous and Mental Disease, New York, Dec. 12-14, 1957. To be published.

In Exhaustion and Depression—In a study of over 100 patients suffering from various psychiatric disorders, especially exhaustion and mild depression, the clinical effect of 'Deaner' was to increase energy and to relieve depression in over 70%.

2. Lemere, F., and Lasater, J. H.: Am. J. Psychiat. 114-655 (Jan.) 1958.

In Learning Problems—Some of the children with reading problems and other learning defects have improved markedly during their treatment with 'Deaner'.

3. Octtinger, L., Jr.: Presented before the American Encephalographic Society Meeting, Atlantic City, June 14, 1958. To be published.

ADVANTAGES OF DEANER

Effects come on gradually and are prolonged...

Without causing hyperirritability, jitteriness or emotional tension . . .

Without causing excess motor activity ...

- Without causing loss of appetite ...

Without elevating blood pressure or heart rate ...

Without sudden letdown on discontinuance of therapy.

DOSAGE: Initially, 1 tablet (25 mg.) daily in the morning. Maintenance dose, 1 to 3 tablets; for children, ½ to 3 tablets. Full benefits may require two weeks or more of therapy. "Deaner" is supplied in scored tablets containing 25 mg. of 2-dimethylaminochanol.

Another Riker First

LOS ANGELES, CALIFORNIA

Madical economics - august 18, 1938 167

[CONTINUED FROM 79] special situations for you, supervise your holdings, and sell when they think the capital gain potential is exhausted.

But don't forget the risk. Remember that not all special situations pan out.

Recently I put the following question to the research directors of the leading special situation advisory services: What portion of his investment funds should the doctor-investor allocate to special situations?

Don't Overdo It!

They all gave me the same answer: never more than half; usually only about 10 to 20 per cent.

"Special situations are meant for the man who is willing and able to take a relatively big chance in the hope of even bigger rewards," says Arnold Bernhard, publisher of the Value Line Investment Survey. "I'd recommend them for a part of the doctor's capital. But they're no substitute for good dividend or growth stocks."

The profit in special situations lies in capital gains over a relatively short period, several months to a few years. But after the situation has worked itself out, it's time to sell and move on. This is often a fine way to rack up a neat capital gain. But you'd hardly want to base your retirement plans on such speculations. Consider what can happen when an anticipated situation fails to jell:

How You Can Lose

Two years ago, the American-Hawaiian Steamship Company announced plans to build a new type of fast cargo carrier, with the Government subsidizing most construction costs. A number of investors quickly bought the company's stock at \$140 a share; they anticipated a good rise in the price.

But when the Government later withdrew its offer to subsidize the ships, the company dropped the project. Result: the stock fell to \$84, and the special situation stockholders suffered a 40 per cent loss.

So it's particularly important to diversify your special situation holdings. "Out of five of them, only one might go sour," says Arnold Bernhard. "But that would be small consolation if you'd invested all your money in just that one."

When you wish to prescribe Miltown but, for psychological reasons, not by its brand name... specify

Meprotabs*

Special advantages:

- same efficacy, same long-term safety as the original meprobamate
- patients cannot identify the kind of medication they are receiving
- may be prescribed as a muscle relaxant' without revealing, through the name, its tranquilizing action

Meprotabs relieves both mental and muscular tension without affecting autonomic balance.

Literature and samples on request

WALLACE LABORATORIES, New Brunswick, N. J.

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[CONTINUED FROM 87] In most cases, the small-town lawyer gets more money out of it by referring the case, and doesn't do a lick of work."

Trial lawyers who obtain big verdicts command big pay. For instance, James A. Dooley, Chicago plaintiff's attorney and a member of N.A.C.C.A., was the lawyer who won the aforementioned \$600,000 verdict against two utility companies. Under the traditional plaintiff's attorney fee of one-third, Mr. Dooley says he was entitled to \$200,000, but accepted only \$150,000.

Larger Awards Defended

N.A.C.C.A. lawyers are quick to defend uptrending jury awards. Says Mr. Belli: "Sure, verdicts are higher, and higher verdicts contribute to higher insurance. But isn't the key to this whole thing the fact that it will have to be recognized that the most expensive unit of our entire economy is not the wheel, nor the lever, nor the hoist, nor the pulley-but man himself? We pay higher prices than ever for Cadillacs and aluminum buildings and hunting rifles and new airplanes-without a brain. We are just beginning to pay adequate amounts for human bodies with a brain."

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Claimants' attorneys also believe higher awards are justified by inflation's effects. For example, they cite figures from the American Hospital Association which show the daily cost of operating a nonprofit general hospital has tripled since the end of World War II. They point to Blue Cross Commission statistics showing the average cost per hospital case under the plans rose to \$128 in 1957, up from \$108 in 1952. And they note men with full-time jobs earned an average of \$4,700 last year, more than double the 1947 figure. Such income increases, of course, boost awards for lost wages.

'No Apologies'

N.A.C.C.A. President Nichols admi: "welcomes criticism from any source" but "makes no apologies for giving the injured his day in PRAC court." He adds: "We have no doubt that these emotional attacks will continue at an ever-increasing rate by wrongdoers and their insurance carriers who. when called to answer, refuse to recognize that human dignity. happiness, and well-being are the ultimate goals of justice." END

ENHANCE ERYTHROPOIETIN FORMATION TO EFFECTIVELY TREAT THE COMMON ANEMIAS

RONCOVITE-mf



Erythropoietin, the erythropoietic hormone, is the newly recognized physio-

ogic regulator of red cell formation.

ch in-Outstanding investigators have proved cobalt to be the only known boost herapeutic agent which stimulates erythropoietin formation.1 Acting brough this natural physiologic channel, erythropoietin produced by cobalt ncreases red cell formation. In consequence, iron utilization and absorption and hemoglobin synthesis are accelerated. Thus, more efficient utilization of ichols administered iron makes possible greatly reduced iron dosage and better olerated therapy in the new cobalt-iron hematinic—RONCOVITE-MF. any

logies PRACTICAL APPLICATIONS—Extensive clinical experience has repeatedly demday in onstrated that a combination of cobalt and iron (Roncovite-MF) is superior ve no to iron alone in the common hypochromic anemias, such as menstrual al atanemia, anemia of pregnancy, nutritional anemia of infancy, and anemia er-indue to gastrointestinal bleeding. 2, 3, 4, 5

Roncovite-MF may even reverse the erythropoietic failure seen in refrac-

who, tory anemia of chronic infection or inflammation.6,7

Formula: Each enteric coated, green tablet contains:

Cobalt chloride (Cobalt as Co.. 3.7) 15 mg. Ferrous Sulfate, exsiccated 100 mg.

One tablet after each meal and at bottime.

Supplied: Buttles of 100 tablets.

Complete bibliography on request.

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extra protection for every conception



Decidual bleeding due to capillary fragility leads to abortion

Hesper-C Prenatal

with capillary-protective factors plus vitamins-minerals

a precaution in every pregnancy a necessity in habitual abortion^{1,2}

Routine care during pregnancy should include protection against decidual bleeding. To guard against spontaneous and habitual abortion, Hesper-C Prenatal provides the essential capillary-protective factors (hesperidin complex and ascorbic acid) plus the supplemental vitamins and minerals required during gestation.

The usual daily dosage (2 capsules t.i.d.) provides:

HESPERIDIN COMPLEX 600 mg.	Thiamine Mononitrate 7.5 mg.
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Calcium Carbonate (500 mg.	Folic Acid
	Pyridoxine Hydrochloride 10.0 mg.
	Copper Sulfate (3.0 mg. copper) 12.0 mg.
Vitamin D ₂	Potassium Iodide (0.3 mg. iodine) 0.4 mg.

Providing the daily requirements or more of vitamins and iron during pregnancy as recommended by the National Research Council.

Greenblatt, R. B.: Obst. & Gynec. 2:530, 1953.
 Dill, L. V.: M. Ann. District of Columbia 23:667, 1954.

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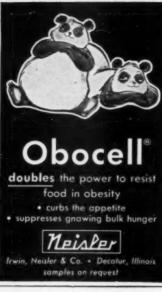
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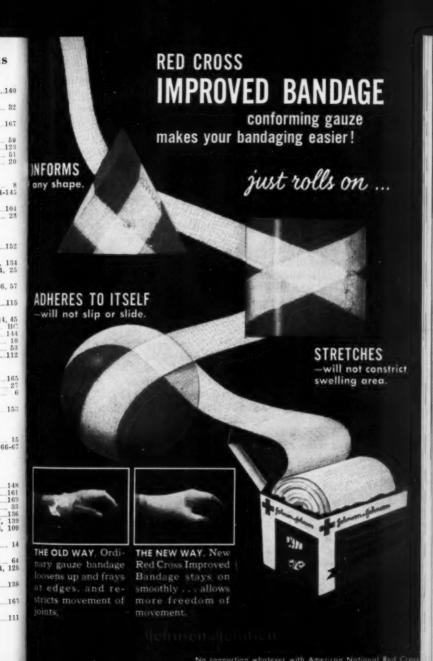
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FROM THE EDITORS

Coming in September

The next three issues of MEDICAL ECONOMICS will reach you on Sept. 1, Sept. 15, and Sept. 29. And their highlights? According to doctors who have seen advance proofs, the following articles will be both read and remembered:

¶ "Going Broke on \$45,000 a Year." This successful young surgeon was living high—and riding for a financial fall. The details of his story aren't typical, but his basic trouble may be quite common. He tells about it to help other doctors who "happen to be good earners but bad money managers."

¶ "Who Killed National Health Insurance?" Doctors and hospital people and other backers of the voluntary plans, says this former supporter of state medicine. Here's why Harry Becker now supports the Blue plans as the best of the lot.

¶ How to Retire on Tax-Free Income." It's not done with mirrors, but with "immediate" annui-

ties. An estate-planning specialist shows you the way to do it.

¶ "How Well-Managed Is Your Practice?" In surveying 100 medical practices, this man discovered that the doctors' answers to certain key questions gave a good indication of how well-run their practices were. Here are ten key questions applying to practice growth, patient sources, and office arrangement—along with some useful rules of thumb to help you interpret your answers.

The Big Battle Over Your Charity Dollars." Should all public fund-raising drives be combined into one big annual campaign? The question was already one of the profession's hot issues. And now the A.M.A. has opened fire in the fray. Here are strong opinions from doctors who know philanthropy from the inside.

¶ "What's Your House Worth Today?" The answer is important when you buy insurance, check your tax bill, or sell. Here's how the experts figure it.